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CLINICAL LECTURE.

DILATED HEART.—PROGRESSIVE MUSCULAR ATROPHY.—REGUR- GITANT HEART DISEASE.

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Dilated Heart.

There are heart troubles of much greater importance than valvular lesions, and one who pays attention to murmurs alone is apt to go wrong in his prognosis. Here is a man with a dilated and weak heart, who gives a very imperfect history of feeling badly. He is pale and is extremely slow in all his movements. His pulse is only 60, and is weak. The apex beat is diffused; both heart sounds are faint, and the first is impure. There is no indication of any special structural lesion of the heart, other than the dilatation; but the condition is probably the result of a strain of the heart, perhaps from over-use of alcohol, overwork, grief or anxiety. It sometimes occurs in the insane who are melancholic for a long time, and sometimes it cannot be accounted for. During the year I have seen a business man who has had no physical strain nor any particular grief or trouble except mental anxiety, whose muscles are soft, whose heart is weak and dilated, with diffused apex-beat and depressed innervation.

The condition of such patients is more serious than if they had a valvular trouble and a heart otherwise fairly well and strong; because degenerative changes might easily occur. Such a man might suddenly fall dead; but, ordinarily, he would get weaker and weaker until some time, with a cold, he would die of lobular pneumonia; or, having a diarrhoea, he would die of an enteritis; or he would succumb to some other disease

which would not be dangerous to a man in a normal condition.

But I wish to prove to you why I think this man will get well under proper treatment. Here is another man, a large, brawny laborer of magnificent physique who has been handling stones on the breakwater. And yet, in spite of his splendid muscles, he came into the hospital a few weeks ago completely broken down in strength, with a weak pulse, beating not much over 40 to the minute, and with cyanosed, cold and sweaty hands. I made the diagnosis of precisely the same condition as that which we found in the patient who just went out. I said that he would get well if placed on heart tonics, properly stimulated and kept in bed. To-day you see him a man in good health, with a pulse of seventy, which is not very compressible. He is anxious to go back to work; and, in fact, he felt able to go last week; but if he had left the hospital then he would probably have come back in two or three weeks in the same condition as at first; for such patients require prolonged treatment.

His bowels were kept open, and the surface of the body was kept warm; he was given strychnine and sufficient strophanthus to keep his heart in good tone; but the most important thing was the rest in bed. It is rather difficult to get a business man to go to bed for two or three months; but you should advise it; and then have him go on a voyage or to the mountains, where he can climb moderately and be in cheerful surroundings.

Now this man is well; but if he goes back to handling stones on the breakwater, and returns to a diet of black bread and beer, the stomach being distended and digestion slow and the surroundings depressing so that the man will be fatigued and wishing he were dead all the time, he will, in a short time return to his original condition. You will think it rather odd that I have cautioned

this man against eating black bread, for laboring men have good digestion usually and do not like to eat easily-digested food, because their stomachs soon become empty. In the North woods the men have a peculiar kind of pie made for them which has to be cut with a hatchet. It is proper for such people to take food of slow digestion, but when they get into this man's condition, they should have easily digested food.

Progressive Muscular Atrophy.

This patient, a Dane, about thirty years old, enjoyed good health until two or three years ago, when he noticed something wrong in his back. He has a remarkable curvature of the spine, the upper dorsal and cervical vertebræ are in a straight line, but the lower dorsal vertebræ make a considerable curve to the right. The muscles of the left side seem rather better developed; but this may be merely apparent.

As he faces you, he looks like a healthy man; but he is very weak; he is unable to use his hands and legs as he should, and he cannot go on with his work. His grip is feeble, and there is a peculiar tremor in the muscles of the hand and arm. The thumb lies close to the second metacarpal bone, the thenar eminence has atrophied, and, from atrophy of the interossei, there are marked depressions between the metacarpal bones. From the characteristic appearance, we call it the "ape hand." The atrophy involves somewhat the muscles of the arms and legs. Sensation is unimpaired. When he throws out his arm suddenly, the muscles are put into a condition, not of spasm but of tremor. Sometimes we can develop this by striking the muscles; but in this case, this reflex, as well as the patellar reflex, is absent.

This is a case of a somewhat rare disease, progressive muscular atrophy, about whose pathology there has been much dispute in the last ten years. We can consider it due to atrophy of the motor ganglia in the anterior horns of the cord, but not originally, as in anterior poliomyelitis. The disease begins in the terminal motor nerves and the trophic nerves, not in the muscles themselves, as some have claimed. The muscles atrophy on account of the affection of the nerves. The disease follows up the nerve trunks, involving at length the motor ganglia of the anterior cornua, but stopping short of the pyramidal tract.

Bulbar paralysis which affects deglutition,

speech, phonation, etc., is of the same nature; and both diseases are progressive. Do not confuse this with amyotrophic lateral sclerosis.

The prognosis is invariably unfavorable. The condition progresses from bad to worse, and unless some intercurrent disease causes death, it involves the nerves that preside over deglutition and respiration, and then the patient will die from starvation or asphyxia or general wasting from imperfect oxygenation of the blood. The disease may be checked temporarily; but after five or ten years it has usually reached its extreme limit.

The only treatment from which we have any hope of arresting the disease is Faradization or Galvanism. Still, from the mere application of electricity or massage you cannot expect much benefit when the nerve supply is cut off. I have recently tried suspension, without any very clear idea of how it was to do good. This man has now had it used on him three times a week for two weeks, without any change.

Regurgitant Heart Disease.

This man, a cooper, 41 years old, complains of cough, weakness and dyspnoea. Such a history should lead us to examine the lungs and heart, and if nothing is found wrong with those organs, the kidneys. I make out nothing wrong with the lungs. An aortic direct murmur is heard, but it is slight. A more marked sound is heard most plainly over the sternum and is carried downward. It is heard with the diastole, after the second sound, and is an aortic regurgitant murmur. Neither of these sounds is as distinct as one heard at the apex in systole. It is not the same as the systolic sound heard at the base, for that is transmitted up the carotids while this is heard also in the axilla and it is, therefore, a mitral regurgitant. The cardiac impulse is diffused and is felt most plainly just below the nipple, though it is also felt in the normal location. Judging from the enlarged area of cardiac dulness and the diffused apex beat, we have hypertrophy with dilatation of the left ventricle. This is due in part to the mitral regurgitation, but more to the lesion of the aortic valve.

The arteries are imperfectly filled, the pulse is regular but weak and compressible, and it is much weaker at the wrist when the arm is raised. There is not only interference with the arterial circulation but a dam-

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ming back of venous blood. We should expect, therefore, an accentuation of the semilunar valve sound. It is not so marked as I expected: why, I do not know; but there may be a little emphysema of the overlying lung.

The man complains of cough and night-sweats. I dare say the night-sweats depend upon a general enfeeblement. People are always on the lookout for this symptom, and when they are sick, if they cover themselves up warm and perspire in consequence, they call it a night-sweat. The cough and a wheezing sound which this man says he has at night, would be explained by pulmonary congestion.

If there were simple mitral insufficiency present, with care there might be compensatory hypertrophy of the left ventricle, and he might perhaps resume hard work. But with the aortic lesions and a dilatation already commencing, he must avoid active exercise and sudden exposures to cold, and must keep himself up to his highest standard of health. As far as the mitral disease is concerned, digitalis would be indicated; but, in certain cases of aortic insufficiency, digitalis, by lengthening diastole and allowing a greater time for the blood to run back into the ventricle, increases dilatation. The indication for digitalis here, therefore, must be tested by experiment. If the man is disturbed on rising suddenly, and his faintness does not disappear under the use of digitalis, I would give caffeine instead—about four grains, repeated during the day. Barium chloride will occasionally relieve this mixed condition of heart lesion better than digitalis, strophanthus, convallaria or other drugs of that class. Besides this, the man should have tonics: strychnine being one of the best. He should take quite large doses every six hours. Observing this treatment and the hygienic rules laid down, I presume this man might be able to go on for two or three years without suffering markedly from his trouble.

—In the chemical journals it is stated that sulphurous acid has been repeatedly found to form during vinous fermentation. Dr. B. Haas has recently reported that sulphurous acid results from the decomposition of sulphates in the grape juice during slow fermentation, in sufficient quantities, often, to arrest the process, while during brisk fermentation this reaction was never noticed.

COMMUNICATIONS.

ANTISEPTIC MEDICATION.¹

BY J. NEWTON HUNSBERGER, M. D.,
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Nothing within the last decade has so completely revolutionized surgery as the introduction and use of antiseptics; and nothing in medicine has given rise to more plausible theories than the attempted abortion and cure of septic diseases by the administration of anti-microbic remedies through the various avenues of internal medication. The pages of our journals are filled with reports of antiseptic drugs, each with its coterie of followers as fickle as a Roman populace. "Now this *drug* was cry'd incomparable, and the ensuing night made it a fool and beggar."

This has been especially the case within the last ten years, due to the great work done in the field of bacteriology, a most elaborate investigation, one that for true originality and scientific research has never been equaled in the annals of medicine, and will always remain as a magnificent memorial to Koch and his co-laborers.

It is now comparatively easy to isolate a specific germ, to surround it with an antiseptic solution, to note the struggle requisite to destroy the life of the germ, and to reason that you have a specific for that disease, and can control it almost at will. This would undoubtedly be the case if you could choose your own conditions and attract the microbe with a medicated loadstone to some available part and soak out his life. But he has more lives and vitality than the historical cat, and when once holding high revel in the delicate tissues of the body a solution strong enough to make him lose his hold is death to his habitat.

In 1872 Selmi gave the name of ptomaines to certain alkaloids, the results of organic bodies undergoing putrefaction. These ptomaines are found and produced principally in the alimentary tract, and Armand Gautier considers these alkaloids the physiological products of the living cell, just as vegetable cells produce alkaloids. According to Dujardin-Beaumetz fecal matters contain organic alkaloids having a quadruple origin; "they may result from the putre-

¹ Read before the Montgomery County Medical Society.

faction of absorbed albuminal substances; or they may take their source in alkaloids furnished by living cells, or due to the action of gastric juice on fibrin; or, lastly, may be the result of the presence of micro-organisms which exist even in the healthy individual in such great quantities in the digestive tube. We know by accurate physiological experiments the action of these ptomaines or leucomaines; we know that they determine in the living organism symptoms quite analogous to muscarin. They are veritable poisons to the heart, and you see developed in animals to which they are administered convulsive troubles and pupillary modifications."

This shows conclusively that we are constantly, even in health, developing a most virulent poison, and life can be preserved only by a proper action of the normal excretory organs and their consequent elimination. When the liver refuses to pour forth its bile—that physiological bichloride of the alimentary tract—or the great filtering sewers of the body—the kidneys—refuse to act, then only can we realize the virulence of these physiological alkaloids and the importance of their proper treatment.

Should not, then, the first indication for treatment be to secure a proper action of the emunctories of the body? Clinical experience and common sense would certainly point to the adoption of this plan to assist nature in her attempts at ridding herself of the poison.

But your antiseptic doctor would empty into his long-suffering patients drugs to neutralize these ptomaines, or, if he believes the leucomaines to be due to micro-organisms, he will exhibit a drug to kill them. He asks nothing from nature; he looks at her as a receptacle filled with germs, and is utterly regardless as to whether she is lined with a mucous membrane with its delicate covering of cells, or whether that lining is made of zinc or copper, and after he has made a *post-mortem* examination of his case he will write an interesting account of some simple disease complicated with nephritis and the literature of medicine will be enriched (?) with another unique case. Or perhaps nature will assert her inherent power to heal and the patient will get well in spite of his medication; then he will laud his drugs to the skies and add another remedy to his antiseptic pharmacopœia, while his followers will add another leaf to the wreath of laurel that bedecks his antiseptic brow.

The white corpuscles are the antagonists of all septic germs that may get into the blood, and, according to Metschnikoff, they devour the microbes and digest them entirely. They are the purifiers of the blood, the standing army that guards so zealously the citadel of life; and when a patient recovers from septicemia, or any specific disease in fact, he does so, not on account of the exhibition of any antiseptic drug, but because of the antiseptic work of the leucocytes, aided by the rational and old-fashioned treatment of support and stimulation. A supporting treatment that puts the body in a condition to digest and assimilate food, to form new corpuscles who shall reinforce the sturdy fighters; and a stimulating treatment that calls out all the latent energy of the nervous system, to overcome the profound depression, until the leucocytes have overcome the enemy and the life of the patient is saved. This, I say, is true antiseptis; and clinical experience from time immemorial proves this to be the very best treatment.

Few dispute the value of iron in septic diseases like erysipelas, scarlet fever, diphtheria, pyemia and chronic interstitial nephritis. Iron outside of the body is a well-known ozonizing agent, as is shown by a particle of the oxide of iron eating into steel or tin. This action is due to the corroding property of ozone, which is slowly generated by the iron. It is also a well-established fact that the red corpuscle is the great ozonizing agent of the blood, and that iron increases this action in a marked degree. Dr. H. C. Wood says that iron acts directly on the blood as an ozonizing agent and, as such an agent, produces a most powerful antiseptic substance, and one whose value is still further enhanced by being a true physiological antiseptic in the broadest sense of the term. It is a food, rather than a medicine, and its value as a producer of corpuscles is so well known that I need only mention the fact.

When Koch discovered the tubercle bacillus, in 1882, pulmonary medication threatened to be revolutionized. Martin, Thomas and Arloing and hosts of others experimented with salicylic acid, bromine, eucalyptus, carbolic acid, thymol, creasote, bichloride of mercury, etc., and all failed to produce a remedy that would kill the bacillus without danger to the patient.

I will give you, briefly, Martin's mode of experimentation and his results. He crushed

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and pressed viscera filled with tubercle, and the juice which he expressed was put into the fresh amniotic liquor of a sheep, and to the whole was added a given quantity of the drug to be experimented with. These mixtures were injected into the peritoneum of guinea-pigs, and on the death of the animals the inoculations were continued to test the value of the granulations found at the autopsy. In the case of salicylic acid five per cent. was powerless to destroy tubercle. Bromine, in solution of 1 to 1,000, was inefficacious; at 1 to 500 it was of more value; but here its effect was caustic. In the case of phenic acid, a solution of 6 to 100 had little effect, except to act as a caustic. Creasote—a drug so extensively used and for which so much has been claimed—failed to destroy the bacillus in a solution of 1 to 1,000. Even corrosive sublimate was powerless in the same proportion—1 to 1,000.

Sulphuretted hydrogen enjoyed a short-lived popularity, only to be discarded. Hydrofluoric acid, that promised so much, failed to hold its own. While now the recognized treatment is plenty of fresh air, well-directed bathing, well-regulated exercise and a good, nutritious diet—this is a line of treatment which is not intended to kill the bacillus, but to render his culture grounds uninhabitable and to put the system in a condition to repair the damage already done.

But there is no disease in regard to which so many plausible antiseptic theories have been advanced as have been put forward for the abortion-cure of typhoid fever. No disease was ever treated with a more varied assortment of drugs—in fact, typhoid-fever patients have been, for centuries, a veritable dumping place for the products of the pharmacy. After the discovery of the bacillus typhosus, and when it was proved to be the exciting cause of enteric fever, there were a great number of drugs reported as almost specifics for the disease. But when it was found that no drug could be exhibited by the mouth that was fatal to the germ without destroying tissue, the experimenters started out on another plan. This was to neutralize the ptomaines that were created in the body by the action of the typhoid germ.

The ptomaine theory is the generally accepted one of to-day, and certainly accounts most scientifically for the adynamia that so often appears in enteric fever and with such fatal results.

Dr. P. F. Henry, in a paper on antiseptic medication, mentions a series of twenty cases, with one death, treated with thymol, in doses of thirty to forty grains daily. These observations are of little definite value on account of the small number of cases; and especially does this hold good in a disease like enteric fever that presents so many varieties and degrees of severity. I may note, too, that all these were hospital cases, surrounded with the best nurses, and fed on a restricted diet that can only be fully carried out in a hospital or under the care of a trained nurse. Let me quote to you some observations of Balz on the danger of thymol in thirty-grain doses or less. "In a few cases nausea and vomiting were caused. There was abundant sweating, ringing in the ears, deafness, constriction in the forehead, reduction of temperature and frequently diarrhoea. The urine was dark-greenish, yellowish-brown by transmitted light. Violent delirium occurred in several cases, also marked collapses, and in one case of enteric fever unconsciousness with most alarming collapse." This shows the danger of thymol in doses of thirty-eight grains daily; and less than that is inefficient as an internal antiseptic, and its tendency to produce diarrhoea, sweating, unconsciousness and collapse are certainly reasons that ought to contra-indicate its use in typhoid fever, a disease in which collapse is especially to be guarded against.

Naphthalin, much vaunted lately for its antiseptic value in typhoid fever, is well known as an irritant to the kidneys and urinary passages, in fact of such severity as to produce strangury in a case cited by Rossbach. This shows that the exhibition of the drug is attended with danger, while the good derived from its use is unproven. It ought to be the aim to avoid the use of any drug in an acute specific fever that has the least irritant action on the kidneys. Let me also protest against the practice of some physicians, who, too often bent on meeting a symptom in an acute febrile disease, exhibit drugs that derange the digestive organs and the kidneys. The stomach begins to rectify itself first in a disease, as shown by the tongue making an attempt to clean itself; and this is always regarded as the first sign of a favorable termination.

Therefore, I say, it is the duty of a physician in presenting a drug that is a known irritant to the stomach, to carefully consider

whether or not it is well to combat a symptom and irritate the stomach.

In the MEDICAL AND SURGICAL REPORTER, Feb. 22, 1890, was reported the reading of a paper on enteric fever, in which Prof. W. H. Thompson laid special stress on the antiseptic treatment of the disease by the administration every three hours of ten grains of pepsin and a like amount of subcarbonate of bismuth, in addition to which he often gives ten minims of dilute muriatic acid at the same intervals.

This treatment is an excellent one; but I see no reason why he should call it antiseptic. It is simply the old-fashioned acid treatment, that has undoubtedly given better results than any other single method of treatment, with a good aid to digestion by the administration of pepsin; while the subcarbonate of bismuth for the control of the diarrhoea has been so often used, and with such good results, as to need no comment. Why Dr. Thompson should call this practically inert, and almost unabsorbable drug antiseptic, is past comprehension.

Allow me to quote a few remarks from Dr. Janeway, in discussing this paper, on a subject in regard to which any physician may go astray. Dr. Janeway said that where an outbreak of typhoid occurred in an institution, he had sometimes found that, while a large number of the inmates were attacked with all the characteristic symptoms of the disease, in a considerable proportion of these the affection ran a very brief and mild course; which, in his opinion, went to show the ability of certain individuals to throw off the disease, even after the usual phenomena accompanying it had made their appearance. There is always danger, he said, that the attending physicians, in such an attack, might regard the disease as having been abated by the treatment employed, while in reality the same results would have been noted if no treatment whatever had been resorted to.

One word about the antiseptic use of carbolic acid in specific fevers. The maximum dose is three grains. In a man weighing one hundred and fifty pounds, ninety pounds are in a liquid state and therefore capable of acting as a diluent to any drug that can be freely absorbed. If he be given three grains of carbolic acid, the drug is absorbed, permeates all the tissues and forms an antiseptic solution of 1 in 300,000. Even Hahnemann would not object to that dilution, while the germs would grow and wax strong in it.

Dr. H. C. Wood, in his work on *Therapeutics*, states that our physiological knowledge confirms our clinical experience in showing that carbolic acid is of no value in constitutional diseases, and says that it is employed directly in medicine only for its local effects.

The treatment of typhoid fever now most generally recognized is symptomatic and expectant, one that makes no futile attempt to shorten or abort the febrile process, but to keep the emunctories of the body acting properly, treating symptoms as they may arise, and paying especial attention to diet and hygiene.

Dujardin-Beaumetz says: "Whatever parasiticide action antiseptic drugs may be supposed to possess, they must still yield the palm to the modifiers of nutrition which render the organic soil unfit for the habitation of microbes."

But still we have reason to hope and believe that in the near future some remedy will be found that will render the system impervious to the development of microbes, and when this happy era dawns we can, as did the mother of Achilles, bathe our patients—not forgetting the heel—in a solution that will render them invulnerable to the attacks of death's most efficient reapers—micro-organisms.

HERNIA.

BY DAVID S. SMITH, M. D.,

NEWARK, N. J.

Hernial displacements occur in both sexes and at all ages. Scarcely a physician having a large obstetrical practice but would tell you that in his experience he found more cases of hernia under one year than over it. There is quite a difference of opinion as to the age in which hernia is most likely to occur, some contending that it is more frequently met with under thirty-five years of age than over, while others think the percentage greater above, in consequence of a weakening or flabbiness of the abdominal walls, which would seem to be a good and sufficient reason for its more frequent occurrence. In looking for some statistics, which might give some facts as to the ages at which hernial protrusions are first developed, I find in the City of London Truss Society Re-

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ports a tabulated statement of 9,296 cases of inguinal and femoral hernia which had passed under the personal examination of Mr. Kingdon, who had taken great pains to get the age when the hernia was first noticed. The result, as reached by him of the 9,296 cases was that 1,516 were under five years of age when the hernia was observed, or about 1 to 6.13. And from the same it is shown that the number of cases developed under thirty-five years of age to be greater than that above, the proportion being 60 to 39. Notwithstanding this statement his conclusions are that hernia is more common relatively to the number of the population above the age of thirty-five than under it, and that 41 per cent. of cases of hernia are developed under the age of thirty-five, and 59 per cent. over it. Another tabulated table of 2,343 cases reported 555 or 23.66 per cent. were under the age of thirty-five, and 1,788 or 76.04 per cent. were over that age. While these tabulated statements differ so widely in their observations both may be correct. My own experience is, that much the larger number of cases occur under the age of thirty-five, and very many of the cases said to have occurred above that existed before. The history of many of the cases which are quite familiar, being thoroughly inquired into, the patient could remember when about the age of twenty-three or near that of noticing a little more fulness in one groin than the other, not sufficiently large to excite his suspicion that there was anything wrong, never giving him any inconvenience, and thought nothing of it until a short time since, when suffering from a cold, he would experience a slight pain in the groin when coughing, with an increased fulness. This has continued to increase until now he feels as though something was being forced through, and the pain is very acute. This is a fair illustration of the greater portion of cases that have passed under my observation above the age of thirty-five, and from my experience I should feel justified in saying that much the larger number of hernial protrusions are developed under this age.

Both sexes are subject to hernial protrusions, occurring much more frequently in the male than in the female. The statistics showing out of a gross total of 96,886 applications for trusses, at the City of London Truss Company, 78,394 were for males and 18,492 for females. This great difference as to the numerical proportion of hernia, as

existing in the two sexes, would seem to admit of some doubt and might with some propriety be considered incorrect. The great degree of delicacy existing in the female sex, together with their dislike in presenting their troubles to the physician, as long as they can tolerate them without being obliged to, may in a measure account for this seemingly great numerical difference. My own observations nearly corroborate what I have gathered from statistics. It has been stated by some, after a careful consideration of all the circumstances, that a fair estimate would be that the complaint occurs in two males to every one female. The causes producing hernia are numerous, and many so simple that it would seem impossible for it to occur. A mild sneeze has been known to be sufficient to produce it. Among the many causes producing it are emesis, coughing, or any great physical exertion, such as athletics, lifting heavy weights, etc. Many other causes might be enumerated. Sometimes the parietes of the abdomen may become weakened from abscesses, inflammatory lesions, or injuries, and give rise to the protrusion of a hernial sac. Not among the least is it inheritance from parents who have been thus afflicted. It is stated on good authority that hernia arising from hereditary predisposition forms about twelve per cent. of the whole number of cases in the first twelve months of life. This predisposition after being thoroughly investigated is attributable to two causes: first, to the arrested efforts of nature, in closing the ventral orifice of the vaginal process of the peritoneum, and the obliteration of that sheath; and, secondly, to an abnormal elongation of the mesentery. These conditions are generally found to exist where there is a hereditary predisposition to hernia.

The symptoms of hernia are a feeling of weakness, frequently accompanied with slight pain, or an uneasy disturbed feeling where it occurs, with a fulness or swelling at that point, readily disappearing upon slight pressure of the fingers, or a recumbent posture; and is readily reproduced by assuming an erect position, by contraction of the abdominal muscles, or by coughing. Oftentimes people will pursue their daily routine of business while having this malady, and when told of its existence express great surprise and astonishment, thinking it impossible, as they have never experienced any trouble in those parts. I never knew a better exemplification of this coincidence than

in the examination of men drafted by the army, those subject to draft, and also those offering themselves for substitutes during the rebellion.

The different forms of hernia, which we are most frequently called upon to treat, are classified as reducible, irreducible, and strangulated. The radical cure of hernia has received a large amount of attention, and various methods have been resorted to with that end in view, with varied success. In the treatment of reducible hernia, palliative measures are generally resorted to, and frequently the results obtained by such means are more satisfactory than by more heroic ones. In treating umbilical hernia of infants I have invariably been successful with adhesive plaster, in the place of lead, cork, or any solid substance used for that purpose. After reducing the hernia I close the opening with three or four strips of adhesive plaster, allowing these to remain in place for five or six days, after which I renew it, and continue in this manner for about two months, at which time a perfect closure of the ring will have taken place.

I find among the many methods formerly employed to effect a radical cure of hernia, that of ligating the neck of the sac; incision of the sac, and subsequent healing by granulation; excision, suture, and scarification of the sac; detaching the sac from its connections, and returning it into the abdomen; forcible compression of the sac by bandages; cauterization of the orifice and neck of the sac; tincture of iodine used as a stimulating injection to excite inflammation, thereby producing adhesion of the canal. A rather unique and successful case was that practiced by a medical student upon himself and recorded by Dr. T. C. Hunter in the *American Journal of the Medical Sciences*, January, 1878, which consisted in using the testicle as a plug for the hernial canal. Most of these methods have been abandoned, unless it may be that of using stimulating injections, which were revived by Heaton and Davenport of Boston, they using the fluid extract of quercus alba for that purpose. Another method which has gained some notoriety is the invagination of the hernial sac, pushing up the fundus of the sac into its mouth, and retaining it there until adhesions have formed sufficiently to obliterate the ventral orifice of the sac. Of the many different methods of cure which I have mentioned, I have been unable to procure any data which

would give the proportion of cures and failures.

Were it possible to obtain the number of cures effected by the wearing of a well-adjusted truss, which is one of the palliative measures in the treatment of hernia, I think we would find the cures largely in excess of all the other methods combined. The only effectual manner in which the radical cure of hernia can be accomplished is the permanent obliteration of the sac, and closure of the ventral orifice. The treatment of irreducible hernia is palliative entirely, owing to its adhesive connections. The well adjusted truss being different from that for reducible hernia in this wise: that the pad is hollowed out, as not to press upon the hernia but to give additional support to its circumscribed border. Hernia is said to be strangulated when constriction occurs, which impedes and arrests the circulation of blood in its capillary blood-vessels. The first symptom of strangulated hernia is vomiting, frequently accompanied with pain in the stomach. The pulse in the first stages is seldom affected; as vomiting continues the heart's action becomes more rapid, the pulse contracted and weaker. The character of the vomit at first partakes of bile, mingled with the food last eaten partially digested; this soon changes to a yellowish character tinged with a greenish cast, and if not relieved becomes stercoaceous.

I know of nothing that excites more anxiety in the medical attendant than failure after repeated efforts to reduce a strangulated hernia; or a more pleasing sound than the peculiar snap when he succeeds. The physician is seldom called until four, six and twelve hours have elapsed since the first symptoms of strangulation were manifested. The physician's inquiries regarding the patient's condition, usually elicits the statement that he is suffering from a bad attack of biliousness; that he has been bilious for some time, and shortly after getting up that morning he felt a pain in his stomach, and shortly after vomiting commenced and has continued all day. Some physicians accept this statement and prescribe accordingly. I can recall a case of this kind which came under my observation some twelve years ago. A woman residing in South Orange township, sixty years old, retired after a hard day's work and was taken sick with vomiting. This was Thursday night. Their family physician in Newark was called Friday morning. He accepted

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the patient's statement, which was similar to the above, and prescribed for biliousness. On Saturday he visited her again and found her no better. On Sunday the case was so alarming that the family desired a consultation; the consultation was held about 5 P. M. and strangulated hernia was found to be the cause of biliousness. I was sent for about two hours later to assist in operating. The sac was found badly discolored, and when opened the intestine was found to be rotten; death ensued about four o'clock Monday morning. No physician has any business to leave the bedside of a patient under such circumstances until he is satisfied that no strangulated hernia exists to produce such symptoms, and no intelligent one would. The treatment of strangulated hernia consists of two methods, that of reducing it by taxis, or an operation.

Two important questions are presented at this point: How long to continue taxis, and when the opportune time to operate. My practice is this: placing the patient in the most favorable position with the muscles of the abdomen well relaxed, and if the parts are not too tender and painful, try taxis for fifteen or twenty minutes; if unable to reduce the hernia wait a short time and try again. If no success attends the second effort, I then chloroform the patient, and after making satisfactory efforts am still unable to reduce the hernia I send for some brother physician to assist me; and if our united efforts avail nothing, I then decide on an operation without waiting any longer. I never heard of a fatal case of hernia resulting from too early an operation, but frequently from several by delay. I have great confidence in the hypodermic use of morphine, where taxis has failed. Its peculiar action in these cases I am unable to explain scientifically, unless it produce a more profound relaxation of the stricture and at the same time a contraction of the mucous membrane of the bowel, reversing its peristaltic motion as it were, and by a species of endosmotic action the bowel is withdrawn. This is my theory, whether an erroneous one I am unable to decide. I have been successful in four cases after an operation had been decided upon in each case. One was that of a laboring man in South Orange township, fifty-five years old; he was taken sick with vomiting at noon and I was called at eleven P. M. On examining him I found a scrotal hernia distending the scrotum to its full extent, and

as I remember it, about the size of a wooden quart-measure. I made several efforts at reduction and failed. It seemed from the flabby and lax condition of the abdominal walls there was no good reason why it should not easily be returned. I informed his employer I was unable to reduce it, and would like to have assistance. Dr. Pierson, of Orange, was sent for and arrived at about three o'clock; our united efforts availed nothing, and Dr. Pierson advised his being sent to St. Michael's Hospital in the morning and undergo an operation. This course was decided upon and Dr. Pierson left. After his leaving I administered a hypodermic injection of morphine, using about the third of a grain, and waited for the conveyance to return for me. Before leaving I went upstairs to see the patient and found him fast asleep. I felt for the hernia and found it gone. I awoke him and asked him how he felt. After his becoming fully awake he felt for the hernia, and replied he had just put his rupture back. This result I attributed to the action of morphine, and where one and a half hours' delay would make no material difference I should advise its use.

A CASE OF QUADRUPLETS.

REPORTED BY A. W. STRICKLER, M. D.,
SCOTTTDALE, PA.

The following are the particulars of a case which occurred in a little village about a mile from here. The case occurred in the practice of my friend Dr. A. J. Rogers, of this town, to whom I am indebted for this information.

Dr. Rogers was called shortly before 8 P. M. on Feb. 12, to see Mrs. Newton, the wife of a coal miner. He reached her bedside in a short time and found that the woman had been in labor for about two hours. The labor progressed normally and rapidly; and by 10 P. M. there were born to the mother four, well-formed, living girl babies; weighing about five or six pounds each. (They were not weighed.)

There were four amniotic sacs which ruptured separately before each birth. The cords were inserted separately into what seemed to be one placenta, but which was composed of four divisions or lobes.

The uterus did not contract well, and there was a rather profuse hemorrhage which lasted

for an hour or two, but which was controlled by the use of ergot and external pressure.

The mother made an uninterrupted recovery. The children are all living and thriving at this date (June 5). They were christened in the Roman Catholic Church in Scottsdale, by Father Lambing, on May 1.

Mrs. Newton, the mother, is a medium-sized woman thirty-four years old; her husband is about the same age. They both are Irish and have lived eight years in this country. They are the parents of eight other children, all single births.

FRACTURE OF THE SKULL TREPHINED FORTY-THREE YEARS AFTER THE INJURY.

BY JOHN M. CURRIER, M. D.,
NEWPORT, VERMONT.

W. G. B., sixty-seven years old, was engaged in butchering hogs forty-three years ago. While he was pulling a hog from the scalding-tub, the hook gave way, letting the man fall backwards and striking his head against the corner of a post. He was immediately taken to his home and remained several days in a partially comatose condition, alternating with delirium. There was heat and swelling about the occipital region. The physicians came to the conclusion that there was no fracture of the skull; but for nearly one year headache, delirium and loss of memory were prominent symptoms. These gradually wore away, in a great measure, excepting occasionally when the headaches would be intense. For the past forty-two years the man has had spells of despondency, when he would be unable to collect his thoughts, and has also been unable to sleep at night.

December 26, 1889, I was called to see him. He complained of headache, of his food hurting him and was unable to think. His pulse was 40 per minute, full and strong; his extremities were cool and somewhat emaciated; his head was hot. He had had a great deal of headache and had frequently resorted to Dover's powder for relief. His wife stated that he would often talk queerly and was irritable. I put him on a mild, nutritious diet, with alterative doses of protiodide of mercury, and recommended that he be kept free from all excitement. The symptoms became aggravated, and on January 23, he made an attempt to

cut his throat with a pocket knife; but his wife interfered and he escaped with only a severing of the left external jugular vein. He lost about thirty ounces of blood, but soon recovered. His appetite was good and he was able to eat food better than for several weeks. He acknowledged that various modes of suicide had been contemplated by him and, on many occasions, for many years past, but he had really never worked his courage up to the deed.

About February 15, 1890, all the symptoms became aggravated; he was more delirious and required two or three attendants to restrain him. It required enormous doses of morphine and chloral to produce sleep and quiet. He refused food and medicine. He became extremely emaciated.

On February 26, Dr. C. L. Erwin, of Newport Center, was called in consultation. Trephining the skull at the old scar was decided upon as the only hope. Here I will state that after the head had healed, forty-two years ago, a distinct depression of the skull was observable in the left portion of the occipital bone immediately below the lamdoidal suture.

On February 27, the patient was etherized; the scalp was laid open, and a button of bone, one inch in diameter, was taken out. The bone removed included the deepest portion of the depression. The corresponding part of the under surface was very strongly attached to the dura mater, and the depressed portion had been absorbed away in a great measure. From this time on, the patient became more quiet; the symptoms were relieved. The wound healed quickly. On April 25, the patient was eating well, had gained in flesh, was sleeping soundly all night without anodynes or hypnotics and did not complain of headache.

Two months later (June 9) the patient was still improving, was able to work every day and was gaining in every respect.

—According to the *Lyon Medical* the inquiry made by the Administration, in order to carry out the new law giving certain advantages to fathers of more than seven children, has shown that in France at present there are 2,000,000 households in which there has been no child; 2,500,000 in which there was one; 2,300,000, two children; 1,500,000, three; about 1,000,000, four; 550,000, five; 330,000, six, and 200,000, seven or more.

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Foreign Correspondence.

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FOREIGN CORRESPONDENCE.

LONDON LETTER.

LONDON, May, 1890.

Discrimination against Scotch and Irish Medical Degrees.—Suspicion of Use of Horse-flesh in Beef Essence.—Costly Drugs and Foods in Charities.—British Medical Association.—Lead-Poisoning.—Effect of Imagination in Therapeutics.

Attention has been called to an old standing grievance by the action of the Board of Governors of the Bristol General Hospital. At a late meeting the rule was confirmed that members of the staff must hold an English qualification. This amounts to a practical boycotting of the Irish and Scotch diplomates. The medical papers have taken up the matter warmly. The *Lancet* says that the obvious inferences are, that it would be derogatory to the status of the staff to have a colleague holding only a Scotch or Irish fellowship; second, that the examination tests of those colleges are not equal to those of the London corporations; further, that the reason for holding the provincial qualification is incapacity to obtain the other. Such imputations can hardly be allowed to pass unnoticed by the bodies interested. This invitation for an inquiry the *Medical Press and Circular* cordially echoes, and the *British Medical Journal* takes a similar view of the case. The whole matter requires overhauling from beginning to end. It is agreed on most hands that high standard examinations do not by any means invariably turn out the best men; and the theory has been seriously advanced that there should be one qualification only for all medical men. Notwithstanding this attempt to oust the provinces, yet it is interesting to note that Scotch and Irish graduates are found in the first ranks of State and hospital appointments, of Court and of special practices. It is worthy of note, too, that antiseptic surgery, along with the use of chloroform and other useful discoveries, hail from north of the Tweed.

A good business is done nowadays in meat essences of various kinds. Liebig's extract held the market for very many years, but there are now a round dozen of widely-advertised competitors, each claiming special advantages as regards digestibility and nutriment. Some while back the newspapers took up the cry that many of the extracts

were made from horse-flesh. It has been proved beyond a doubt that a number of worn-out horses are constantly being sent out of England. Of these, it is asserted, the best parts are sent back dressed as beef, a lot more is returned in the guise of sausages, while the rest is made into extract. The trade, however, does not seem to have suffered much by this imputation, which the journalists describe racily as "the traffic in deceased gee-gees."

In a certain palatial workhouse infirmary, bovril is used largely, as well as Valentine's extract. It is curious to reflect on the costly medicines and comforts bestowed on the inmates of some of these places. Nor is there much difference in outside practice in this respect.

The writer has recorded a rare instance of poisoning occurring in dispensary practice. The patient, suffering from advanced phthisis, was in an abject state of poverty. He attempted suicide by swallowing at a draught a bottleful of cough linctus supplied by the charity. The linctus contained codeia, a most expensive alkaloid. It certainly seems a somewhat curious policy to ply the victims of sordid poverty with costly drugs, the medicinal value of which is, in many cases, both tentative and doubtful.

The British Medical Association has reached the respectable, if not altogether venerable, age of fifty-eight years. The exact days of the Birmingham meeting will be from July 29 to August 1. Mr. C. G. Wheelhouse, of Leeds, is the President. Notwithstanding the late secessions, there is every prospect of even more than the usual success. A number of distinguished visitors are expected, including many from America. Each meeting has hitherto brought in a large additional number of recruits, and this has been markedly the case with the "hardware capital," where medical men are both numerous and advanced in their ideas. One great feature of the forthcoming meeting will be consideration of the abuse of hospitals and the relation generally of charities to the public and the profession. Section work is divided under twelve headings, each with a president, vice-presidents and secretaries. In the case of the Dermatology section, three mornings are devoted to the discussion of more or less popular subjects, namely, alopecia areata, vaccination rashes and the treatment of eczema; the last mentioned being introduced by Professor Unna, of Hamburg. The rest of the

time of the section will be devoted to the reading and discussion of independent papers, dealing with its specialty.

A great deal remains to be discovered anent lead-poisoning. The subtle nature of the poison, its far-reaching effects and the universal nature of its domestic distribution surrounds the investigation of plumbism with many difficulties. For a long time past there have been constant contributions to its ever-increasing literature. The British Association, the medical journals, the learned societies and the researches of authorities in public health have been brought to bear upon the matter from time to time. A prize was offered last January by the Edinburgh College of Physicians for the best essay on the nature and prophylaxis of lead-poisoning. There can be no doubt that a goodly number of cures of obscure disease, more especially of the nervous system, may be justly attributed to this cause. Meanwhile, little attention seems to have been given to the constant medicinal uses of lead. It can hardly fail to have some evil effects, considering the indiscriminate way it is used in therapeutics, in the form of pill, lotion, plaster and ointment.

An amusing instance of what virtue there is in a little faith has lately come under my notice. A hospital physician lately wrote on a patient's board that he was to take five drops of pure terebene three times daily "on a little bread." Whether from a bad pen, from hurried writing, or from defective eyesight, the nurse misread these directions and carefully anointed her charge's head with the unguent every four hours. The patient expressed himself as wonderfully benefited by the application, and was allowed to recover under its influence, when the mistake was at length discovered. This little incident is sketched from life and may well be commended to the notice of the disciples of that modern therapeutic mystery, hypnotism.

D. W.

—A snake story current throughout British India is thus summed up in an article on "The Naja-Kallu, or Cobra Stone," by Prof. Hensoldt, of Columbia College, New York, in the March number of *Harper's Magazine*: "Some cobras," he says, "perhaps one in twenty—are in possession of a precious stone which shines in the dark. This stone the snake is in the habit of carrying about in its mouth, regarding it as a treasure, which it carefully preserves and defends with its life. At night the cobra deposits the stone in the grass and watches it for hours and is never more dangerous than when occupied in this manner."

PERISCOPE.

Repeal of Preliminary Education Bill in New York.

The following from the pen of a distinguished member of another profession, Hon. St. Clair McKelway, recently a guest of the New York State Medical Society at Albany and then, as on other occasions, an outspoken advocate of higher medicine, deserves the serious consideration of every member of the profession of medicine in the United States, especially on the eve of the annual meeting of its greatest representative body, the American Medical Association, which may well make it its business to inquire how far the allegation is true that medical schools are themselves the instigators of the repeal of the Act requiring the examination of intending medical students as to their fitness to undertake the study of a profound science like medicine, before that Act has been a year in force.

A bill has lately passed the State Senate to repeal the Act of July 13, 1889, requiring intending medical students, in advance of their entrance upon their medical studies, to undergo the examination in academic studies conducted by the State Board of Regents. Without such a law there would be few or no restrictions upon any one becoming or trying to become a physician. All that would be necessary would be attendance upon a lecturing course or two and the securing of a diploma of graduation from medical colleges, which have a money interest in fees in corraling and passing as many students as possible. The law which it is proposed to repeal requires a fair degree of elementary knowledge of intending medical students. It creates a standard for entrance into the studies of the profession, and it bars from entrance into the profession such as cannot conform to the standard. It is a partial protection of the public from medical ignorance, graduated incompetency and licensed quackery. The motive was undoubtedly excellent. In actual operation for less than a year, the law has certainly produced no results to bring it into condemnation, and has probably not produced a sufficient number of results to determine its full capacity for good. Less than a year is too short a time for an experiment in statutes to be summed favorably or unfavorably. It

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should have a longer life to enable final judgment intelligently to be passed upon it. Any allegation, therefore, that the law has been a failure, or that it has yet been a great success, would be unfounded because premature.

No one, however, need be at a loss to explain why a bill repealing it has passed the Senate. The law interferes with the revenues of the fee schools, ambitiously known as medical colleges. It tends to check the number of ignorant and incompetent persons who desire to become or be called doctors. It correspondingly threatens the loss of tuition and graduation fees to such fee schools. It creates in them an interest for the repeal of the law, irrespective of the benefit which an improved standard of knowledge and culture among students for medical degrees would confer upon the community. A bandied pecuniary interest, directly contrary to the safety and welfare of society, and moved in the name of the schools of a profession which insists on being called a learned profession, has thus been able to carry a repeal of this measure through the Senate of the State and to send the repeal bill to the State Assembly.

The repeal bill is the first step backward which the State of New York or any other State has ever taken in any reform which had been once established, whether Civil Service Reform, Prison Reform, Charities Reform, Ballot Reform, Canal Reform, Labor Reform or any other reform of a public character. Should the Assembly and the Governor concur in the repeal of this measure of medical educational reform, the instance would be as exceptional as it would be signal in the history of remedial legislation in the history of any civilized or presumably civilized government of men upon the face of the earth. It is hard to believe that the repeal bill can pass the Assembly. The attention of the enlightened press has been directed to the action of the State Senate. The comments of such press have been deservedly severe and alarming. Even if the Assembly should pass the measure, the Governor could hardly, with consistency, sign the repeal bill, because he himself signed the law of which the repeal is thus sought. The progress or the arrest of the progress of this reactionary bit of legislation will be watched with much interest by the enlightened citizens of New York.—*Journal of American Medical Association*, April 12, 1890.

Bloodless Amputation at the Hip-Joint.

At a meeting of the New York Academy of Medicine, held April 14, 1890, and reported in the *New York Medical Journal*, May 10, 1890, Dr. John A. Wyeth presented two patients to the Society, upon whom he had done an amputation at the hip-joint for sarcoma of the thigh, and also read a paper on this operation as devised and carried out by him.

It is well known that the high death-rate after hip-joint amputation is chiefly due to hemorrhage. Compression of the aorta or common or external iliac has not rendered the operation less dangerous. The figure-of-eight elastic bandage of Esmarch carried above the crests of the ilium or around the abdomen, and the transfixion with a single needle passed in front of the neck of the femur and beneath the vessels, over the ends of which a rubber cord is carried only in front of the thigh, as advised by Trendelenburg, are improvements on older methods, but are far from satisfactory.

The operation is described by Dr. Wyeth as follows:

The patient being placed in position, with the hip of the side to be operated on well over the corner of the table, the foot is elevated and an Esmarch bandage applied to drive the contained blood towards the heart. The bandage should not be tightly put on over the seat of the disease for fear of driving septic matter into the circulation. With the rubber bandage still in position, the needles are next introduced.

Two steel mattress-needles, three-sixteenths of an inch in diameter and a foot long, are used. The point of one is inserted an inch and a half below the anterior superior spine of the ilium and slightly to the inner side of this prominence, and is made to traverse the muscles and deep fascia, passing about half way between the great trochanter and the iliac spine, external to the neck of the femur and through the substance of the tensor vaginæ femoris, coming out just back of the trochanter. About four inches of the needle should be concealed by the tissues.

The point of the second needle is entered an inch below the level of the crotch internally to the saphenous opening, and, passing through the adductors, comes out about an inch and a half in front of the tuber ischii. No vessels are endangered by these

needles. The points are protected by corks to prevent injury to the operator's hands.

A piece of strong white rubber tube half an inch in diameter and long enough, when tightened in position, to go five or six times around the thigh, is now wound very tight around and above the fixation needles and tied.

The Esmarch bandage is removed and five inches below the tourniquet a circular incision is made, and a cuff which includes the subcutaneous tissues down to the deep fascia is dissected off to the level of the lesser trochanter, at which level the muscles and vessels are divided squarely and the bone sawed through. All vessels (including the veins) which can be seen are tied with catgut and the smaller bleeding points can be discovered by slightly loosening the tourniquet.

The remaining portion of the femur is now easily removed by dividing the attached muscles close to the bone and opening the capsule as soon as it is reached. On lifting the end of the bone in the direction of the patient's navel and dividing the cotyloid ligament posteriorly, the air enters the cavity of the acetabulum and greatly facilitates the division of the ligamentum teres.

The closure of the wound, with proper drainage, follows. The entire procedure requires the strict asepsis of modern surgery.

One other important point I wish to emphasize—viz., the advisability in certain cases of doing this operation in two sittings.

In one of my cases the patient was greatly exhausted, and after dividing the femur at the lesser trochanter and securing the vessels, fearing the supervention of shock as indicated by the pulse, I closed the wound, which healed by first intention. At the first dressing (on the seventeenth day), the remaining portion of the bone was removed by an incision over the trochanter major. The recovery was uninterrupted.

I should prefer to complete the operation at one sitting, but cases will occur where the danger of shock may be obviated by stopping short of enucleation, leaving this for a week or two, when reaction and convalescence are assured.

In neither of my cases was there any bleeding, and in two additional operations by this method, very recently performed by two distinguished surgeons of this city, there was perfect immunity from hemorrhage. In fact, amputation at the hip-joint is now a bloodless operation.

Hypnotism.

While it has been generally admitted that subjects who have been frequently hypnotized lose the power of resisting the customary manipulations of the operator, or, in other words, that the natural suggestion of going to sleep at the sight of the operator and his proceedings is stronger than the auto-suggestion not to yield (just as we may fall asleep, in spite of all effort, at a lecture or social gathering), yet great stress has been laid upon the original consent of the subject to submit to the operation, as well as upon a considerable power of resistance by sheer determination. Dr. Herrero, a Spanish writer on the subject, has recently announced a means of hypnotizing anybody and everybody, *volens volens*.

A great number of those classed as non-hypnotizable will succumb, says this authority, if the process be maintained for a sufficient length of time. As this is very trying to the operator, a device may be resorted to by which the subject is forced to gaze continuously at a bright object, the operator reinforcing the suggestion to sleep. If, however, the subject resist the proceedings, one may bind him, and force him to assume the position necessary for hypnotization. But this drastic process may be dispensed with; for in those cases in which it is necessary, for therapeutic or correctional purposes, to hypnotize a person, Dr. Herrero has another method. It is based upon the discovery that in light chloroformization there is a stage in which the subject obeys suggestions as readily as in hypnotism. This period may at first be brief, but may be prolonged by care and practice. While in this "chloroformic somnambulism," the suggestion is given that in future no such agency will be necessary to hypnotize the subject, in some the suggestion is made gradually that they will resist less and less; and so on. While this disposes of those unconsciously resisting hypnotization, does it apply to those opposing it voluntarily? Here is a case in point. A patient showed a morbid fear of hypnotism, regarding it as a satanic art, and absolutely refusing to be hypnotized. It had been attempted over and over again, but in vain. Chloroformization was proposed, to which she consented. The first day it required fifteen grammes to bring on the susceptible period, then thirteen and so on until the patient went to sleep by merely staring at the doctor's fingers, and became a good

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hypnotic subject. By this means, then, it is proposed to induce a state by the action of drugs from which the transition is easy and certain to ordinary hypnotism. It seems probable that there will be much discussion and experimentation in this novel mode of extending the powers of hypnotism.

By auto-hypnotism is meant the power to put one's self to sleep. We do this every night, and persons differ very markedly in the ease and rapidity with which they fall asleep both at night and at other times. Dr. Coste de Lagrave has developed this power to a considerable extent, making himself at once operator and subject in an hypnotic experiment. The best time to experiment is just after awakening. One then attempts to go to sleep again for a short time only. One may wake and go to sleep again three or even five times in an hour. The sleep is light, may be accompanied by dreams, and the sleeper be sub-consciously aware of his condition. When the sleep is still lighter, and self-consciousness is largely present, the auto-hypnotic state has appeared. Dreams may occur, though the dreamer is perfectly conscious that he is dreaming, and may even attempt to direct these dreams. This amounts to auto-suggestion. To enter this state, the author lies down, closes his eyes, tries to sleep, keeping his thoughts fixed on the desired auto-suggestion. Here are a few instances of his success. As the result of a dysentery contracted in Tonkin, he could not walk a mile without extreme fatigue. One evening he gave himself the suggestion not to become tired, and the following day he was able to take a long walk. He suggests good appetite, and suggests away dyspepsia and cold feet, even under the most trying circumstances, such as in the open air on a cold day, and finds that his feet are really warm to the touch. Hallucinations are thus excited. He writes, talks interestingly, all by auto-suggestion. But the process is not without its disadvantages. Fatigue, depression, and sometimes severe headache, are the results. Like all phases of hypnotism, it has its uses and abuses. While this power is thus unusually developed in the cases cited, it undoubtedly exists to a lesser degree in many; and it would not be difficult to find in the habits of all a close analogy to what is here termed "auto-suggestion."

The name of retro-active hallucinations has been given by Dr. Bernheim to hallu-

cinations suggested back into the experience of the hypnotized subject. He is told that so many days or weeks ago he was a witness of such and such an act. The suggestion is accepted, perhaps additional details are added, and the fictitious event is embodied with the ordinary experiences of life. The case to be here noted is interesting, on account of influencing several at once, some without direct personal suggestion, and on account of being accepted by a person who happened to be sleeping normally. In one of the wards of the hospital, Dr. Bernheim hypnotized eleven patients while one was sleeping normally. He tells one of his subjects, "You see No. 3 seated on a chair. Yesterday he came back intoxicated, sang and shouted through the halls, struck the keeper, making his nose bleed. You were there." The illusion soon developed; and the subject repeated the whole story, adding that a nurse came with a basin of water to wash off the blood. A neighboring subject was then aroused, and asked what happened yesterday to No. 3. After some hesitation, he repeated the story. And so on with all the others, including one who was sleeping naturally. No. 3 himself admitted that he struck the keeper, but he did not begin the quarrel. None of these patients had ever assisted at such an experiment before. The experiment may not succeed at all times and with all subjects; but it shows, that, when the sleeper has his attention fixed upon the person who is speaking, he hears and accepts everything. On awakening, he does not recall this of his own accord; but, as soon as a hint is given, he recalls it all, and accepts it as a reality. As a practical outcome of the observation, Dr. Bernheim gives the warning not to tell secrets in the presence of a sleeper.—*Science*, Feb. 28, 1890.

Chilblain Lotion.

A Tōkyō medical practitioner speaks highly of the usefulness of the following lotion for chilblains in the *Chemist and Druggist*, May 3, 1890:

R Caustic potash 8 grains
Glycerin ½ fluid ounce.
Rectified spirit 6 fluid drachms
Water to 3 fluid ounces

After bathing the hands in warm water, rub them with the lotion. This should be done two or three times a day.

Simple Method for Estimating Urea.

Mr. C. W. Heaton and Mr. S. A. Vasey, of Charing Cross Hospital, describes in the *Lancet*, May 10, 1890, an ingenious and simple method of estimating the quantity of urea in urine. Several years ago, they say, it was suggested to them by some of their former pupils that it would be convenient if a system could be devised by which urea could be estimated easily, rapidly and accurately without specially constructed apparatus. The hypobromite method gives results which are quite correct enough for clinical purposes, and several forms of apparatus of great convenience and simplicity have been devised for its execution. The latest and perhaps the simplest is that of Doremus, recently advocated by Dr. Cruise, of Dublin, in the *Lancet*, March 22, 1890:

There is no difficulty in using any of the instruments which have been recommended, and it is probable that physicians will prefer to employ some one of them when it is accessible. But such instruments are not always accessible, and are easily broken; and it is in any case desirable that the medical practitioner who chances to have no apparatus at his command except the ordinary weights and measures of pharmacy shall be able, without trouble or loss of time, to make satisfactory estimations of urea. In the system arranged by us in 1884, and now for the first time described in print, absolute accuracy is not aimed at, but the maximum error of calculation is so minute as to be quite lost in the greater errors due to variations of temperature and pressure, and to imperfect measurement which are incidental to any rapid process which depends on the measurement of the nitrogen and expelled by alkaline hypobromite. It is well known that this nitrogen amounts approximately to 92 per cent. of the total nitrogen of urea. The apparatus required is of the simplest character. In addition to the ordinary pharmaceutical measures, all that is really necessary is a thistle-headed acid funnel, about one foot of glass tubing and a couple of bottles. It is well to assume that no other appliances are available. The reagents are bromine and caustic soda.

The following arrangements are made:—

1. An eight-ounce bottle of any form is fitted with a thistle-funnel and bent glass delivery tube, as though for the preparation of hydrogen. The lower end of the funnel should be bent upwards, like a small hook,

to prevent gas from passing up it. 2. A small basin or breakfast cup may be used as a pneumatic trough, a four-ounce, or larger, bottle of any form being filled with water and inverted in it in such a manner that the end of the gas delivery tube can readily be brought under the mouth of the bottle. 3. A 40 per cent. solution of good commercial caustic soda is prepared. For example, half a pound avoirdupois of soda may be dissolved in water and when cold diluted to one pint.

The analytical process is as follows:—1. Into the gas generator is poured by means of the funnel one fluid drachm of bromine washed in by ten fluid drachms of the soda solution. The generator may then be immersed in cold water, and the inverted bottle of water placed over the end of the delivery tube. 2. Two fluid drachms of urine, very carefully measured, are added and washed in by exactly one fluid drachm of water. The three fluid drachms so added will of course cause an equal volume of air to pass into the receiving bottle. This is allowed for in the appended table. The generator is gently shaken; brisk effervescence takes place, and gas equal in volume to the liberated nitrogen is collected in the receiver. The generator should be kept as nearly as possible at the temperature of the air. 3. When the evolution of gas ceases, the receiver is removed from the basin by means of the thumb or a glass plate and placed mouth upwards on the table. It is now only necessary to measure in minims the quantity of water required to fill it. After deducting 180 (which may be taken as 200) minims due to the air displaced by the urine, each 100 minims of water added represent 0.25 per cent. of urea in the urine examined. If the urine contains more than 3 per cent. of urea, it is best to dilute it with an equal volume of water before making the determination.

The following table gives the percentage of urea corresponding to the volume of gas liberated, as shown by the quantity of water required to fill the bottle:

Minims of water required.	Percentage of urea.	Minims of water required.	Percentage of urea.
200	0.00	900	1.75
300	0.25	1,000	2.00
400	0.50	1,100	2.25
500	0.75	1,200	2.50
600	1.00	1,300	2.75
700	1.25	1,400	3.00
800	1.50		

Use of Air in the Examination of Cavities and Canals.

Dr. Franz Heuel, Jr., describes, in the *New York Medical Journal*, Feb. 22, 1890, a new urethral speculum, by means of which not merely the very limited "funnel-shaped" view is obtained, but, with the aid of air, the urethra is inflated and a very extensive field of vision secured. The speculum is made of rubber, glass, or metal, shaped like a truncated cone, with the end cut obliquely to facilitate its introduction into the urethra without the aid of a stylet. At the other or proximal end is a flange, which is useful in separating the cover from the speculum. Into this proximal end is closely fitted the removable cover, having a transparent glass crystal, fitted air-tight, and an attachment for a rubber tube with bulb for forcing atmospheric air into the endoscope. To prevent the glare of reflected light, the glass crystal is placed at an obtuse angle to the line of vision, and the inside of the instrument is blackened.

In using this instrument the flaccid penis is grasped between the ring and middle fingers of the left hand, the lips of the meatus being opened with the index finger and thumb of the same hand. The endoscope can now be readily introduced into the urethra by means of the oblique end until the thicker portion of the speculum fills the opening. Air is now forced in by the rubber bulb in the hands of the surgeon or patient until the requisite distension of the urethral canal is obtained. In case there should be too much distension, the air may be allowed to escape from the meatus at the side of the speculum by slightly withdrawing it. The entire canal to the neck of the bladder can thus be exposed and examined by the aid of reflected sun, gas, or electric light from a mirror on the forehead or in the hands of the surgeon. The air-pressure may be increased or diminished at pleasure while noting the effects upon the mucous membrane and studying every detail of its surface. By exercising a little care, no violence need be done to the delicate mucous membrane.

By the employment of this endoscope the openings of the lacunæ, a drop of mucus or gleety discharge, the innumerable small blood-vessels, tumors, strictures, false passages, granulations, ulcerations, etc., may all be recognized and their characters and situations noted. Fragments of impacted

or loose stone and foreign bodies may be dislodged without the aid of a forceps by distending the canal with air and using gravity to propel the substance towards the meatus, where it may readily be seized and removed.

For the deeper portion of the urethra, especially in a flaccid penis, a longer speculum is more useful, as it straightens out the canal and exposes the lower portion to the rays of light transmitted from the mirror. Without using a tube long enough to pass beyond the bladder neck, there is no possibility of forcing air into the ordinary bladder, as it will meet with very strong resistance from the compressor urethræ muscle.

Tightly wedging the meatus with the short urethroscope and using the greatest amount of air-pressure obtainable from the rubber bulb would either rupture the urethra or force the air out at the meatus by the side of the instrument. It is therefore advisable to hold the speculum lightly engaged in the meatus, and use only the requisite amount of air-pressure, which is very little, to thoroughly dilate the canal. This Dr. Heuel has found in the majority of cases is not disturbing to the sensations of the patient, but is rather agreeable, so that cocaine anesthesia becomes superfluous. Should the urethra contain much moisture from the presence of a discharge which is liable to cloud the glass-cover, Dr. Heuel coats the inside surface of the glass with a thin film of glycerine previous to the introduction of the speculum. This effectually prevents clouding of the glass without in any way obscuring the view.

The instrument is now being adapted, by Dr. Heuel, to employment in the rectum, cesophagus and stomach.

Herpes Zoster.

The *Quarterly Therapeutic Review*, Jan. 1, 1890, quotes the opinions of various physicians on the treatment of herpes zoster as follows:—Dr. Hingston Fox writes: Careful dressing with ung. zinci or calaminæ generally answers well in herpes zoster. In a severe case a powder composed of zinci oxidi one part, cretæ præp. three parts, well dusted on at night proved very comforting.

Surgeon Denham Franklin writes: I would recommend "Shingles" to try the effect of a paste composed of zinc oxide and lime-

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water. The part should then be covered over with cotton-wool, kept on by means of a flannel bandage, as recommended by Erasmus Wilson. Should much pain accompany the attack I have found that instantaneous relief is procured by the application of a five per cent. solution of cocaine. The effect is only temporary, but the application can be repeated.

E. M. Sympton writes: In answer to "Shingles," the best local application to the vesicles in herpes zoster is flexile collodion. This quickly shrivels them up, and I fancy prevents the appearance of any where it has been painted on. I feel sure he will not be disappointed with it.

Dr. C. R. Illingworth writes in the *British Medical Journal*: I have found the following ointment answer well in all herpetic eruptions:

R	Zinc ointment	3vj
	Glycerine of borax	3ij
	Pure carbolic acid	13 ½

Mix and apply frequently.

In herpes labialis, due to catarrh and respiratory disorders, I omit the carbolic acid, and thus get a bland, enamel-like ointment, of great service in any inflammatory or ulcerative skin affection, eczema, pruritus ani, acne rosacea, etc.

In answer to a question propounded in a German dermatological journal as to the best method of cutting short herpes zoster—if indeed such a method really exists—Dr. Unna, of Hamburg, remarks that we must consider the treatment under two heads: firstly, when the vesicles have already formed, and the object is to prevent them suppuring; and, secondly, when the vesicles have not actually formed, and we wish to adopt a true abortive treatment, so as altogether to prevent their formation. In the first case the remedies to use are much the same as those which are employed for the purpose of preventing the papules of acne becoming pustular—that is to say, for the abortive treatment of a boil. Here the most important remedy of all is sulphur, which can be applied in the form of a gelatinous paste of sulphate of zinc; other useful substances, which can be applied in the form of lotions containing spirit, are corrosive sublimate, iodoform, carbolic acid, and resorcine. For the true abortive treatment there is nothing like ichthyol mixed with water and painted over the part affected, or a strong paste of zinc and resorcine.

Ground-Water From Cemeteries.

Dr. E. von Esmarch (*Zeitschrift f. Hygiene*, Band 7, Heft 1) has examined the question of the dangers of contagion through the drainage from cemeteries. His experiments show that where dead bodies are placed in water or buried, that the water or earth surrounding the body does not become contaminated with germs. He finds that in the case of anthrax, the bacilli die out very quickly from the dead body. He does not think the disappearance of pathogenic organisms from a dead body is due to the destructive processes of putrefaction, as these same organisms disappear from tissues preserved by antiseptic preservative fluids. He concludes, with several other German observers, that the proximity of cemeteries and the drainage-water from them have no influence in the spread of epidemic or contagious diseases.

He does not tell us whether the typhoid bacillus meets with the same fate as that of anthrax.—*Brooklyn Med. Journal*, June, 1890.

Sterilization of Milk.

The sterilization of milk (according to the *Molk-Zeitung*, 1889, p. 137) presents certain difficulties. The heating to 110° to 120° C. (230° to 248° F.), which temperature is necessary to sterilize liquids, causes a browning of the milk. At a temperature of 100° C. (212° F.) the sterilization is not complete, the spores of bacillus subtilis resisting this temperature for six hours. The heating to 75° C., as is done in many of the ordinary methods, does not sterilize, for the above-named spores can withstand this temperature for several days.—*Brooklyn Med. Journal*, June, 1890.

Absence of the Pectoralis Muscles.

In the *Berliner Klin. Wochenschrift*, March 10, 1890, Dr. J. Benario, Assistant in Professor Brieger's Clinic, reports an interesting case of a man who was found to have no pectoralis major or minor on the right side. In addition to this, he had defects of the arm and hand, which are fully described. The case is curious; and, while it need not be detailed fully here, it would probably prove of great interest to students of embryology and development.

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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

TREATMENT OF CHRONIC URETHRITIS.

One of the more frequent results of gonorrhœa in the male is a chronic urethritis, or gleet, affecting especially the prostatic portion of the urethra. The long continued inflammation effects changes in the mucous membrane and in the submucous tissues, in the lacunæ and glands, and at times in the ejaculatory ducts and seminal vesicles themselves. Before the invention of the endoscope, the instrument devised to enable the surgeon to see the urethra and interior of the bladder, our knowledge of the changes produced by gleet was derived from the sense of touch in exploring the passage with steel sounds and acorn-headed bougies, and from *post-mortem* examinations. Berkeley Hill, in some lectures delivered before the Royal College of Surgeons, in June, 1889,

and since published in book form, states that in the same urethra, in different parts, may be seen superficial granular thickening of the mucous membrane, inflammation of the glands and lacunæ, areas of induration, and patches of fibrous tissue penetrating beyond the mucous tissue. Loss of epithelium leads to the formation of erosions which are surrounded by ridges of granulative tissue and are covered by muco-pus. These ridges when transverse occasionally produce bridle strictures. The deep indurations which follow upon infiltration of the submucous and erectile tissues become sclerosed and result in true organic strictures. Swelling and abscess of the urethral glands, and acute prostatitis and epididymitis are further complications which are present less frequently.

The symptoms of chronic urethritis are well known. The discharge from the urethra is ordinarily scanty, often just enough to glue the meatus together in the morning. If, however, the patient lives high, drinks malt liquors or wines, takes much exercise, especially of a kind to irritate the prostatic portion of the urethra, as horseback and bicycle riding is apt to do, the discharge sometimes increases, and, from glairy or whitish, becomes purulent. The omission of astringent injections is also at times followed by the same result. The condition described may last for months or years, and never gets well spontaneously. In these cases, says Mr. Berkeley Hill, there are generally a few patches of granulation in the bulbous or membrano-prostatic portions of the urethra, usually also with induration.

Treatment of chronic urethritis has been unsatisfactory hitherto because of the great difficulty in bringing remedies to act upon the affected tissues. Hill states that in each of one hundred and ten cases one at least of the four following conditions was present: Abnormally small meatus; stricture, single or multiple, slight or tight; patches of inflammation; and granular areas. Division of the meatus and subsequent passage of a large sound is the treatment for the first

condition. In the treatment of the second condition, stricture, which is by far the commonest cause of gleet, Hill appears to favor gradual dilatation with bougies. This, he says, splits the indurated tissue just as effectually as rapid divulsion. Having enlarged the meatus, if necessary, he passes three days afterwards as large a bougie as the urethra beyond the meatus will accommodate. This stretching must be repeated every second or third day for a week or so. The next step consists in attacking the granulations farther down by gradual dilatation, with gradual splitting. At each sitting, after the bougie has been passed, he inserts as large an endoscopic tube as the indurations will let go by, and while inspecting the interior applies a mop moistened, but not dripping, with a solution of nitrate of silver, ten to twenty grains to the ounce, to each swollen or granular area. If, as is often the case, the membrano-prostatic portion is also granular, he finishes the sitting by instilling, by means of Ultzmann's syringe, eight or ten minims of the silver solution behind the triangular ligament. On the days which intervene between the sittings, the patient is instructed to use an astringent injection, usually of the four sulphates of zinc (thirty to forty grains), alum (thirty to forty grains), iron (twenty grains), and copper (two grains), to eight ounces of water. The quantity injected should be half an ounce, and it should be retained at least one minute. Regarding the use of internal remedies, he says that in chronic urethritis of the penile portion he has abandoned the use of copaiba, sandalwood, cubebs, etc., finding them more apt to excite indigestion than to cure the urethritis. But when the catarrh is of the prostatic portion, cubebs certainly, and probably sandalwood, buchu and copaiba are valuable adjuncts to local remedies. In ninety cases of chronic urethritis the average duration of treatment before cure was obtained was two and a half months; but this, he adds, included treatment by many different ways.

The treatment indicated is certainly an advance over any possible hitherto, both in the adaptation of means to ends and also in the results achieved. It is not in the power of every one who has a patient with a bad case of chronic urethritis to have an endoscope, but it is possible, in an appropriate case, to divide the meatus, dilate the urethra to its full capacity, locate the inflamed areas pretty accurately with a sound or acorn-headed bougie, and instil astringent lotions so that they will come in direct contact with the affected areas. This is vastly better than the old plan of prescribing an injection and giving the patient copaiba until he is sick.

TETANUS AND ITS TREATMENT.

Every now and then the history of a case, demonstrating the curability of tetanus, finds its way into medical literature. The successful methods reported are numerous; scarcely any two observers finding equally beneficial results in the same method of treatment.

One thing, however, is evident, namely, that this frightful disease, if treated with drugs at all, must be treated heroically. In the *REPORTER*, October 26, 1889, three cases of tetanus were reported by Casati, in which the administration of one-sixth-grain doses of hydrochlorate of pilocarpine, given hypodermically every two hours, was followed by complete and speedy recovery.

Recently hypodermic injections of carbolic acid have given good results. Mention was first made of this method by Gualdi, at the Medical Congress held in Rome, October, 1888, who reported a case in which oft-repeated hypodermic injections of a one per cent. solution of carbolic acid resulted in a complete cure. An analagous case is reported by Dr. Francesco Paolini, in the *Riforma Medica*, January 13, 1890. The patient was a strong, healthy lad, who had received a contused and lacerated wound of the fourth and fifth toes of the left foot. Severe symptoms of tetanus, including com-

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plete trismus, opisthotonos, and great tension of the abdominal muscles, rapidly developed. Neither hot baths nor large doses of chloral and bromide, were able to lessen the frequency or severity of the attacks. The painful symptoms were accompanied by a high temperature. The fourth day after the appearance of tetanus, Dr. Paolini began the administration of hypodermic injections of a one per cent. solution of carbolic acid, every three hours. [The report does not state in what quantity.] This treatment was continued for the first twenty-four hours, after which time the temperature fell, and the spasms decreased both in frequency and in severity. With the amelioration of the symptoms the number of the injections was gradually decreased; but the treatment was not abandoned until the trismus and rigidity of the abdominal muscles had entirely disappeared. This took place on the twenty-seventh day. Subsequent convalescence was complete and rapid.

Not long ago the same treatment was successfully employed in a similar case, with equally gratifying results, in the clinic of Dr. Baccelli, of Rome.

In connection with the carbolic acid method of treating tetanus, it is interesting to recall the results of certain experiments by Brieger, Kitasato, and most recently, Weyl, who found that carbolic acid is produced in considerable quantity in cultures of the bacillus of tetanus; and that a similar production of carbolic acid has been observed by Lewandowsky, in the cultures of several other bacilli.

Another interesting case, demonstrating the curability of tetanus, is reported by Dr. Tacke, of Wesel, in the *Deutsche med. Wochenschrift*, March 6, 1890. The patient was a school boy who had sustained a slight wound in the ball of his thumb from a pistol-shot. Immediately after the accident he went to a stream near by and washed the wound, at which time the wound came in contact with the ground. Five days later symptoms of approaching tetanus, such as

stiffness of the jaws and tongue, and difficulty in deglutition, became manifest. The following day the wound was reopened and a bluish-looking discharge and three bird-shot were removed. The disease now advanced rapidly and general tetanic convulsions soon became frequent, and were produced by the slightest noise or disturbance. Dr. Tacke immediately instituted the following treatment: The patient's room was darkened and at the bed-side a nurse was stationed with chloroform in readiness. As soon as the onset of a convulsion was evident, the attendant placed a cloth, wet with chloroform, over the patient's nose. Later, as the chloroform provoked vomiting, ether was substituted and was well tolerated. Besides this, clysters of chloral hydrate, with the addition of a small quantity of cocaine, to render them more tolerable, were administered. These clysters were alternated with hypodermic injections of morphine; finally a hot bath was administered twice a day and while the patient was in the same, vigorous massage was applied. The energetic massage acted most beneficially, while a light touch would immediately call forth a convulsion.

After five days of the above treatment, a slight improvement became apparent. Slow and fluctuating convalescence followed, and the treatment was discontinued twenty-six days after the appearance of the disease, at which time a slight stiffness of the lower extremities was the only symptom remaining. This also soon passed off.

TESTICLE THERAPY.

It is sad to note that Brown-Séquard continues to believe in his testicle therapy. At a recent meeting of the Society of Biology, he reported that he had been using the mixture of testicle and water by injection into the rectum, with as good results as he had obtained by hypodermic injection. He also reported, with approval, that a friend of his had injected his own semen into the subcutaneous connective tissue of his wife to cure her of metrorrhagia.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the *REPORTER*.]

CLINICAL LECTURES ON THE VARICOSE VEINS OF THE LOWER EXTREMITIES. BY WILLIAM H. BENNETT, F. R. C. S., Surgeon to St. George's Hospital. With three plates. 8vo, pp. ix, 93. London and New York: Longmans, Green & Co., 1889. Price, \$2.00.

This volume is made up, for the most part, of lectures which appeared in the London *Lancet* during the year 1889. It contains the conclusions reached by its author from the study of a large number of cases for a period extending over a number of years. Mr. Bennett analyzes two hundred and fifty-nine cases which occurred in men and three hundred and fifteen which occurred in women, and declares that, apart from pregnancy, varicose veins are more frequent in men than in women. The disease, he says, arises for the most part from congenital and often hereditary defect or other abnormality of the venous apparatus. It may begin in the deep veins and subsequently involve the superficial, or it may involve the superficial veins only; the large mass of varicose veins in the lower part of the thigh, often associated with a globular varix at the saphenous opening, may be fed by the deep veins and be independent of the superficial.

Regarding the symptoms of incipient, uncomplicated varix, he says the commonest are pain and cedema, with a feeling of weight and general weakness in the limb. The discomfort and swelling increase as the day advances from morning to night, and there is often intense itching shortly after the patient lies down. In the treatment of varicose veins of the lower extremity the first essential is declared to be to bring about a healthy condition of the secretions generally, especially of the bowels and of the menstrual function. Of purgatives, he says, the best is sulphur in some combination, and the next in efficacy, cascara. In cases in which the liver is sluggish an occasional dose of mercury is absolutely necessary. In addition to this internal treatment, rest in the recumbent position or elevation of the limb for half an hour to an hour at definite intervals during the day, combined with appropriate exercise, massage and baths will generally have to be employed. Pressure, he thinks, is best applied by means of a bandage or an elastic stocking; if the latter is made properly, *i. e.*, so that the pressure is greatest at the foot and gradually diminishes towards the knee, it is seldom intolerable.

The author speaks with appreciation of the radical treatment of certain cases of varicose veins of the extremities, and expresses a decided preference for the method of excision. The operation is described and illustrative cases cited. He is careful to say, however, that the operation is applicable to a comparatively small number of cases. With appropriate antiseptic precautions he regards the operation as safe.

The book is a valuable contribution to minor surgery. The publishers are to be congratulated on having presented it in a fitting and handsome style.

CHRONIC URETHRITIS AND OTHER AFFECTIONS OF THE GENITO-URINARY ORGANS. Three lectures delivered at the Royal College of Surgeons in June, 1889. By MATTHEW BERKELEY HILL, M. B. Lond., F. R. C. S., Professor of Clinical Surgery in University College, London, and Surgeon to University College Hospital,

etc. With colored plates. 8vo, pp. xiv, 47. London: H. K. Lewis, 1890.

The lectures from which the present volume has been prepared were delivered before the Royal College of Surgeons, and printed in the *Illustrated Medical News*, in January, 1890. The purpose of the lectures was to describe the forms of chronic urethritis as seen by reflected light, and the treatment of the affections mainly by topical methods. They have been revised, however, since their first publication.

The author first describes the appearance of the healthy urethra, its expansibility, its lumen, color, furrows and papillae, and its glandular supply. He then takes up the various morbid changes which occur, beginning with a simple catarrh and ending in organic stricture. The descriptions are made much more intelligible by colored plates of all the conditions referred to, which have been made from drawings of the appearances presented by the urethra when viewed in the endoscope. The drawings were made by Mr. Frank Collins.

Regarding the duration of contagion in chronic urethritis, the author expresses himself cautiously. He says: "In the present uncertain state of our knowledge of the precise influence of the gonococcus as a factor in gonorrhoea, it is rash to assume that in the absence of [the] gonococcus from any particular drop of discharge the danger of contagion is past." He is inclined to think, however, "that when the discharge is secreted entirely from granular patches, the crypts and ducts of glands having ceased to furnish pus, we may consider the discharge to be no longer specific in character or capable of communicating the disease to others."

As regards treatment, he says the most effectual method is by means of the endoscope tube. With this the exact condition of the urethra can be seen, the granular patches and strictures localized, and appropriate treatment applied to each directly and with precision.

The final lecture is devoted to a consideration of prostatitis and to tubercle of the prostate. Mr. Hill considers gonorrhoea indirectly an exciting cause of the latter. The affection most likely to be mistaken for it is stone in the bladder. In the former a little shreddy mucus, pus, or a drop of blood may be washed out in the first portion of the urine; while in stone these come at the end of the stream. The pain in tubercle of the prostate is felt a little behind the tip of the penis, rather than precisely at the tip, as in stone.

These lectures are a valuable contribution to our knowledge of the genito-urinary diseases treated of, and we are glad that they have been republished in a handsome and permanent form becoming their real worth.

CORRESPONDENCE.

A Question in Abdominal Surgery.

TO THE EDITOR.

Sir: Has any reader of this journal ever had a case of abdominal cow-rip in a woman advanced in pregnancy? If so, I would be glad to have it communicated to me.

Yours truly,
ROBERT P. HARRIS, M. D.
Philadelphia.

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NOTES AND COMMENTS.

Hydrophobia Notes.

Lyons.—Hydrophobia in Lyons has become so prevalent that the Pasteur Institute is chiefly occupied with patients from the silk metropolis or its neighborhood. The *Chemist and Druggist*, May 24, 1890, says that Dr. Galtier, the mayor of the city, attributes the outbreak to the inordinate love of the Lyonese for dogs, which renders all police regulations nugatory. Failing in his efforts to get municipal co-operation, the doctor has induced the National Society of Medicine to send an official petition to the Prefect of the Rhone Department, requesting his intervention in this emergency.

Pseudo-hydrophobia.—It is stated in the *American Advertiser Reporter*, May 28, 1890, that a Mr. John S. Abell, business manager of the *Springfield (O.) Democrat*, was suddenly seized with a spasm of frenzy, on May 15, at his office. He had been bitten on the finger a day or two before by his dog, and the physician attributed the attack not so much to hydrophobia as to the worry about the supposed danger of the bite.

Death attributed to hydrophobia.—The *Philadelphia Ledger*, June 2, reports that a farmer named John Harry, living near Petersburg, Lancaster County, Pa., died from what was supposed to be hydrophobia, May 31, after two days' illness. He was bitten by a dog two months before.

Report of a case.—It was reported June 6 that William Nice, a farmer living near Douglassville, Pa., was suffering with symptoms of hydrophobia, caused by the bite of a cow, which had been bitten some time before by a rabid dog. His death is not reported.

A scare from a Pasteur Institute.—It was reported on June 6 that there was considerable excitement at the Rush Medical College, Chicago, because a number of rabbits, which had been inoculated with the so-called rabies virus by Dr. Lagorio (who has been trying to start a Pasteur Institute in that city), had been stolen. It was given out that if the thief happened to be bitten, a case of rabies would no doubt result.

Pasteur Institute in New York.—The operations of the Pasteur Institute in New York, conducted by Dr. Gibier, from its opening February 18 to April 7, were reported by Gibier in the *Boston Medical and Surgical Journal*, April 17, as follows: Thirty persons

had applied for treatment, of whom nine had been treated, and were then in good health. In three cases hydrophobia was experimentally shown to exist (inoculation of the nervous substance of the dogs to other animals, who died with the ordinary symptoms of hydrophobia), and also by this fact, that in one case a horse, and in another case a hog, bitten by the same dogs, have since died from hydrophobia. In six other cases rabies was very probable, but the dogs disappeared, or their bodies were thrown away without being sent to the Institute. In the month of April seven persons were treated. In three of these cases hydrophobia (according to the Pasteur theory) was shown to have existed in the dogs by the inoculation of other animals with the nervous substance of the dogs that had bitten the patients. In the four other cases rabies was thought to be very probable; but the dogs had disappeared, or their carcasses had been thrown away instead of being sent to the Institute. These patients were living at the last report, as (it says) were also *thirteen* patients inoculated during the month of March.

[The reader will note that Gibier in April reported only *nine* cases treated from February 20 to March 31.]

In his letter of April 9 to the *Boston Medical and Surgical Journal*, Gibier says: "In order to be protected against the fatal danger of an accidental infection during the work, I have inoculated myself and three of my assistants."

The daily papers of June 2 contained accounts of the arrival in New York, to be treated by Gibier in the Pasteur Institute, of seven small boys, from four to twelve years old, who had been bitten at St. Joseph, Ill., by a dog supposed to be rabid. The biting is said to have occurred on May 25, and also on May 29. One account says the dog died in convulsions a few minutes later (May 29) and another says it died two days after the biting (May 27) in a violent attack of rabies. It is said that a mad-stone was applied to each wound before the boys were despatched to Gibier. After a course of inoculations they were sent home and at the last report they were still living. [It is unfortunate that a mad-stone was used in these cases, because it will never be known certainly whether it or Gibier saved their lives, or if their lives were ever in danger, for that matter.]

On June 27 it was reported that Gibier

had refused treatment to two persons said to be already suffering with rabies. At the same time was reported the arrival at his Institute of two patients: one a colored boy from Asheville, N. C., named John Scott. Another named Thomas Copernig was expected the next day, as was also a colored girl, five years old, from Augusta, Ga., said to have been bitten by a dog which had bitten one of the first patients sent to Giber. [This association of facts must not be misunderstood. In it all there is no evidence that there was ever or anywhere rabies present.]

Pasteur Institute, Paris.—Dujardin-Beaumetz reported about May 2 (*Progrès Médical*, May 3, 1890) that during 1889, 236 persons residing in the Department of the Seine were treated at the Pasteur Institute, in Paris; of this number three died; 40 other persons were, during the same period, and in the same district, bitten by rabid dogs, of whom also three died. According to the *British Medical Journal*, May 24, 1890, the deaths from hydrophobia in Paris were in 1880, 4; in 1881, 21; in 1882, 9; in 1883, 4; in 1884, 3; in 1885, 22; in 1886, 3; in 1887, 9; and in 1888, 19. The Pasteur patients in the Department of the Seine in 1887 numbered 307 (3 deaths); in 1888, 385 (5 deaths); and in 1889, 236 (3 deaths).

Pasteur and Rabies.—Pasteur has transmitted to the Academy of Sciences a statement of the number of persons treated at the Institute from May 1, 1888, to May 1, 1889. There were inoculated 1,673 persons bitten and suspected to be affected with rabies, among whom were 186 foreigners and 1,487 French. Ten subjects bitten in the face and hands died during the treatment; three died after the treatment. Strictly speaking, the proportion of deaths, notwithstanding the treatment, is therefore 3 per 1,673, or 1 in 554 persons treated. In other words, the proportion of deaths being 13, there would be one death per 128 persons treated or under treatment. These figures, which are not accompanied by any comments from M. Pasteur, are evidently in favor of preventive inoculations.

Statistics, said to be complete, published by the Pasteur Institute in Paris, state that from January 1, 1886, to December 31, 1889, 7,393 persons bitten by mad dogs have been treated; 53 of these have died—a proportion of 0.67 per cent., and they figure that among the 7,893 patients of the

Pasteur Institute, 1,265 would have died had not the Pasteur method of treating hydrophobia been carried out.

[It will be observed that these statistics do not account for the time between July 7, 1885, when Pasteur did his first inoculation on the boy Meister, and the end of that year. Also, that they actually claim that Pasteur has saved more lives in four years than ever have been lost in the whole world from hydrophobia in twice that time.]

Antipyrine in Tetanus.

Owing to the high mortality and rapid course of acute tetanus—death occurring within five days in 56 per cent. of the fatal cases—and because its pathology is involved in much obscurity, a host of remedies has been suggested and tried to stay the progress of the disease. An examination of a list of cases reported during the past year discovers advocates for morphia, chloral, bromide of potash, salicin, salicylic acid, physostigmia, pilocarpine, cocaine, bromide of coniine, while in one example, quoted in the *Annual of the Universal Medical Sciences*, cure is claimed under the action of metallotherapy. One polypharmacist believed he saved his patient with a prescription composed of bromated camphor, hyoscyamine, aconitine and veratrine given in syrup of chloral; in addition to which arseniate of strychnia, and a descending current of electricity along the spine were employed!

Alexandre Paris (*L'Union Médicale*, Nr. 8, 1890) reports the case of an old man who developed symptoms of tetanus—it is not stated whether traumatic or idiopathic—in the middle of June. He improved under chloral, suffered a relapse on the 8th of July, which developed into a widespread involvement of the muscles of the thorax, abdomen and lower limbs, was uncontrolled by chloral, but which, on July 28, was rapidly alleviated by 3-gramme doses of antipyrine repeated on the two succeeding days, after which not a muscle was convulsed. The drug was administered for the relief of pain in the limbs with the unexpected result not merely of curing this, but of relaxing the spasmodically contracted muscles.

The apparent cure of one case of tetanus by the administration of a given remedy does not warrant entire confidence in its efficacy in future examples of the same disease. We know of one case of seemingly

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hopeless acute tetanus which was relieved and finally cured by huge doses of quinine and large draughts of champagne; that is, relief and cure followed the use of these agents. Hence the query by the reporter, whether in this case the result was a simple coincidence or due to the antipyrine, is more than pertinent. We have always believed that the best results in the treatment of acute tetanus would follow the day-time employment of large amounts of bromide of potash to guard the afferent pathways and benumb the receptive centres in the spinal cord, the nightly use of chloral and morphia to control the wakefulness of apprehension and the sleeplessness of pain, the administration of chloroform or nitrite of amyl during the convulsive seizures to overcome cramp-asphyxia, and the exhibition of concentrated liquid nourishment to alleviate depression and prevent impending exhaustion. We have called attention to Paris's single observation in regard to antipyrine, although unaware that our present knowledge of its physiological action justifies any sanguine expectations, because one case may form a nucleus for others sufficient in number to justify definite conclusions, and because new facts, as the author himself hopes, can alone answer the query of coincidence or cure.—*University Med. Magazine*, April, 1890.

Medical Emergencies.

In an article on the treatment of medical emergencies, in the *University Medical Magazine*, Jan., 1890, Dr. James Tyson says that in fainting, unless it be fatal syncope, the heart does not cease to beat. Its action is simply so feeble that not sufficient blood is sent to the brain to maintain consciousness, or to the arteries to produce a pulse. The loss of consciousness is, therefore, also preceded by blindness, and if standing, the victim falls heavily to the ground. The effect on the pulse at the wrist is either to cause an entire absence or extreme smallness. There is also extreme pallor and lowered temperature. The duration of the attack is various, from a few seconds to many hours, or more rarely the patient never comes out of it, as where it is due to heart disease, as the fatty heart, aconite poisoning or hemorrhage—fatal syncope.

In the treatment of syncope, the first step is to place the patient in a recumbent posi-

tion flat on the back, with the head low. The clothing should be loosened around the neck and body, the access of fresh air should be freely permitted, and to this end persons should be kept at a distance. Diffusible stimulants, as aromatic spirits of ammonia, and brandy or whiskey should be administered, or strong ammonia may be inhaled. Cold water may be dashed in the face, the respiration being thus excited and in turn the heart caused to beat. If recovery ensues, the heart's beat becomes more distinct, the pulse reappears at the wrist and consciousness slowly returns. It is only in cases where the heart is too badly damaged, as where there is fatty metamorphosis of its muscular fasciculi, or its valves are badly diseased, or where too much blood is drawn off, that resuscitation fails to take place.

The extremest measures required to overcome syncope are those employed in the resuscitation from drowning, the consideration of which scarcely comes within the purpose of the present paper, although such an accident is truly a medical emergency.

The apoplectic seizure is a more dangerous condition. Accompanied like fainting by unconsciousness as an essential symptom, it is due to a very different cause. There is here too much blood in the brain, either within or without the blood-vessels. In treating it the patient requires to be bolstered up, the head high and the blood kept out of the brain as much as possible. In the true apoplectic seizure, with even a moderately strong pulse, blood is to be taken from the arm freely, sixteen ounces or more. Simultaneously an aperient, which in the absence of consciousness must be one of which the dose is small, as one-sixth of a grain of elaterium in pill or powder, or a couple of drops of croton oil in a teaspoonful of sweet oil or glycerine. A large enema to which an ounce of turpentine is added, is useful. Ice to the head—an ice cap—may be of use. Of less service is counter-irritation to the nape of the neck or the temple by a blister.

Insanity in Australian Aborigines.

In a paper read before the Intercolonial Medical Congress of Australasia, Dr. Morton Manning, the inspector-general of the insane in New South Wales, gave a most interesting account of the cases of insanity found to have occurred among the aborigines of Australia. Mental disease would ap-

pear to have been a very rare affection while they were in their primitive and uncivilized condition, and the manner in which they dealt with the few cases which did arise was of the most drastic nature. "If the lunatic was violent or aggressive, he was promptly slaughtered; if melancholy, he was allowed, if so disposed, to commit suicide; if demented and helpless, he was allowed to die; and only when quiet and peaceable, and when his erroneous ideas did not result in offensive acts, was he allowed to continue in the tribe." In the course of time, as the aborigines were brought more into contact with civilization and its attendant vices, insanity increased rapidly in proportion to the number of the population; and Dr. Manning states that since 1868, 18 aborigines had been admitted into the asylums of New South Wales, from a population which has never during that time exceeded 2,500, and is now less than half that number. In the census year 1881 the proportion of the aboriginal insane to the aboriginal population of New South Wales was 2.83 per thousand, a proportion in excess of that for the general population; and at the close of 1887 it was upwards of 5 per thousand. The causes of insanity in the 32 cases of aborigines admitted into the asylums of Queensland and New South Wales were in a considerable proportion of the cases due to drink. The prevailing type of the malady was mania, passing rapidly into dementia. All the melancholic cases originated in jail. Three were epileptics. No case of general paralysis, or anything like it, was seen. There were 20 deaths; and in several cases the only cause which could be assigned was marasmus—a gradual wasting without tubercular or other manifest ailment. The average duration of life was much shorter than in Europeans; the confinement, though tempered by many unaccustomed comforts, being apparently the great factor in shortening life.—*Science*, April 4, 1890.

Idiopathic Pruritus in Connection with Parturition.

In the *Vratch*, No. 14, 1890, Dr. Serghèi I. Krastilevsky, of Ekaterinodar, details a very rare and curious case of a priest's wife, a strong and generally healthy woman, who had had fifteen labors at full term, and on each occasion suffered from a most agonizing itching all over her body, with intense burn-

ing about the palms and soles. The pruritus invariably appeared exactly a week before parturition, so that the woman was always able to most precisely fix the day of expected delivery, and disappeared in one or two days after labor. The symptoms were considerably relieved by tepid baths, while on the last (15th) occasion the author succeeded in almost instantaneously cutting short the patient's suffering by the following application:

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Spiritus vini rectificati f ʒ vi
M. Sig. To be applied to the affected parts.

Two similar cases have been recently reported by Dr. B. I. Feinberg, of St. Petersburg, in the *Bolnitchnaia Gazeta Botkina*, Nos. 7 and 8, 1890. Both of the patients, one a healthy woman eighteen years old, and a nervous woman with cardiac disease, had general pruritus during each menstrual period for two days before, and during the two first days of the flow. In both the symptoms were greatly intensified during parturition, and lasted for four days or so after the latter. Dr. Feinberg believes that in either of his patients the phenomenon was of a nervous origin.

Leprosy in the United States.

Dr. Holmbøe, surgeon to the General Hospital at Bergen, in Norway, made, in 1863, a tour of Illinois, Iowa, Minnesota and Wisconsin, in which States our Norwegian emigrants principally settle. Investigating the leprosy prevalent among them, he came to the following conclusions:

(1) There are, among the Scandinavian population in North America, no instances of leprosy attacking those born in the country.

(2) There are among the Norwegians, who have immigrated, not a few who are now the subjects of leprosy.

(3) Most of the leprosy patients were already leprotic when they came over.

(4) In not a few cases, also, the leprotic symptoms had their first outbreak in America. This has happened, however, to those who were adults at the date of their immigration, and who had, before coming over, lived in such a manner as to predispose to the disease, and who also had not profited to the same extent as most in the general advantages life in America offers.

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(5) Leprosy, when imported into America, has, as a rule, a *longer* and *milder* course than in Norway, and shows also a stronger tendency to spontaneous improvement and recovery.

(6) Life in America will in general avert the outbreak of leprosy, so that many will there remain wholly free who, according to all estimate of probabilities, would have suffered had they remained in Norway.

(7) Climate has certainly a great share in effecting this change. It is not nearly so rigorous and inclement in America as in Norway, and thus does not make the same demand on the vital powers of resistance.

(8) It is probable, however, that the altered mode of life has quite as large a share as the climate. The immigrants are, in a general way, far better off than they were in Norway; there is not the same necessity of exposing themselves so much to the influence of climate, and when exposure is necessary they are better protected.

(9) Leprosy will disappear amongst the Norwegian population in the States, or will be found only in isolated imported cases. It will not be transmitted from generation to generation as an endemic disease.

Such are the opinions of a highly qualified investigator on this important subject. Even if a little sanguine, they are probably near the truth; at any rate, they have not as yet been met by any evidence on the opposite side. Their value, as indicating that the duration of the leprotic diathesis under a favorable change of conditions is not without limit, is very great.—*Brooklyn Med. Journal*, June, 1890.

Crush of the Arm.

At the meeting of the Allegheny County Medical Society, held Feb. 19, 1890, Dr. Buchanan reported the following case of crushed arm, which he treated successfully without amputation. About six or eight months ago he was called to see a little girl whose arm had been caught between the bumpers of two freight cars; the arm was crushed, wholly crushed from the wrist to the elbow. The vessels were not injured, but there were multiple fractures of both bones and considerable pieces of bone had to be taken out. More than half the muscular tissue was crushed off. The skin was extensively lacerated. The arm was shapeless. It was so evidently a serious injury

that the parents and friends and all persons who saw it thought the arm must be amputated. The arm was not amputated; it was thoroughly cleansed and put together, dressed with a straight splint; on no other kind of splint could the arm be kept in the semblance of an arm. It united without any suppuration, as is usual with such cases when antiseptically dressed, and while the child has not a beautiful arm, nor a very straight arm, she has a hand and a wrist and an elbow-joint that are almost as useful as before.

Removal of Micro-Organisms from Water.

Krüger (*Zeit. f. Hygiene*) considering the fact that more bacteria are usually present in rivers than in lakes, notwithstanding that lakes themselves in many cases are more or less polluted by rivers passing through populous towns, believes that this rapid decrease in the number of organisms may very possibly be due in part to the action of direct sunlight, but in the main to the tendency of water in a comparatively undisturbed state to deposit and precipitate. He, therefore, carried out a number of experiments with a view to determine how far the removal of organisms was brought about by the mere mechanical deposition of inert matter and also by precipitation as a result of chemical action. The mechanical precipitants employed, all in a state of fine powder and sterilized, were alumina, brick dust, clay, chalk, sand, coke and charcoal. Water obtained from an ordinary service pipe was impregnated with a liquid containing a bacillus growth of a species incident to tap water. This was divided into two portions—one for precipitation with the inert substance and the other was untreated for the sake of comparison. Experiments were similarly carried out in which precipitation was obtained as a result of chemical action such as is brought about by the addition to the water containing naturally lime, magnesia, etc., substances like wood ash, sulphate of alumina and slaked lime. The general conclusion came to by the author from the results obtained is that undoubtedly large numbers of bacteria are carried down by inert substances merely sinking in the water, but that the action is very considerably increased when, in addition to mechanical deposition, a chemical precipitation also takes place. The corollary is evident—

inert substances do mechanically assist in the precipitation of micro-organisms, but preference should be given to chemical treatment.—*Druggists' Circular*, April, 1890.

The Deadly Cold Bed.

A writer in *Good Housekeeping* says: "If trustworthy statistics could be had of the number of persons who die every year, or become permanently diseased, from sleeping in damp or cold beds, they would probably be astonishing and appalling. It is a peril that constantly besets traveling men, and if they are wise, they will invariably insist on having their beds aired and dried, even at the risk of causing much trouble to their landlords. But the peril resides in the home, and the cold "spare room" has slain its thousands of hapless guests, and will go on with its slaughter till people learn wisdom. Not only the guest, but the family often suffer the penalty of sleeping in cold rooms, and chilling their bodies at a time when they need all their bodily heat, by getting between cold sheets. Even in warm, summer weather, a cold, damp bed will get in its deadly work. It is a needless peril, and the neglect to provide dry rooms and beds has in it the elements of murder and suicide."—*Druggists' Circular*, April, 1890.

Treatment of Baldness.

The treatment recommended by Lassar, of Berlin, for alopecia pityrodes and alopecia areata has been attended with some brilliant results. According to Dr. Graetzer's article in the *Therapeutische Monatschrift* and quoted in the *New York Med. Journ.*, May 10, 1890, but few cases resist the treatment, and after a few applications the downy sprouts may be seen. The following procedure is to be repeated daily: 1. The scalp should be lathered well with a strong tar soap for ten minutes. 2. This lather is to be removed with lukewarm water, followed by colder water in abundance; then the scalp is to be dried. 3. A solution of bichloride of mercury, 1 to 900, the menstruum being equal parts of water, glycerin and cologne or alcohol, is to be rubbed on. 4. The scalp is then rubbed dry with a solution containing beta-naphthol, 1 part, and absolute alcohol, 200 parts. 5. The final step in the process is an anointing of the

scalp with an unguent containing two parts of salicylic acid, three parts of tincture of benzoin, and 100 parts of neat's-foot oil. This treatment should be persisted in for a period of six weeks or longer. Lassar has done much to awaken the profession from the lethargic state into which it had fallen in regard to the treatment of alopecia; he is reported to have treated a thousand cases in the manner described. The attitude of physicians towards this affection of the scalp has been one of inattention and indifference. The parasitic theory of the causation of hair-fall, as advocated by Unna and Sehlen, has its support in those not infrequent cases where the trouble seems to be referable to the use of unclean utensils by the barber. In this class of cases Lassar's treatment will find its indications and successes more frequently than in that other, neurotic, class described by Michelson and Schütz as occurring in young persons who have a "nervous" history or have met with a traumatism affecting the head and brain.

Extraction of a Key from the Trachea.

Dr. M. G. Sloan, of Dexter, Iowa, writes to the *Journal of the American Medical Association*, April 12, 1890: On the evening of Feb. 14, 1890, Carl Blohm, aged 2 years, was brought to my office by his father, who stated that the boy had swallowed a key a few moments before. The patient was voiceless, dyspnoea was constant and alarming, and there was a frequent croupy cough. There was great retraction of the soft parts about the clavicles and in the infra-mammary regions in inspiration. It was very evident that the foreign body was somewhere in the air passages, and it seemed to me probable that it had not passed much below the larynx, as I could on no other theory account for the complete aphonia. However, neither with the finger nor with a pair of laryngeal forceps was I able to reach it through the mouth. It was plain that relief, to be of avail, must be speedy. Accordingly, after ineffectually trying a vigorous shaking with the patient inverted, I proceeded to perform tracheotomy under chloroform anaesthesia. The operation just above the isthmus of the thyroid was chosen, and in making the incision in the trachea I was so fortunate as to come directly upon the lower and smaller end of the offending key; and

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now came the part of the affair that seemed to me to be of peculiar interest. The key, or at least the large end of it, was so much wider than the diameter of the trachea that with the ordinary laryngeal forceps I was wholly unable to remove it from its position, as the blades of the instrument would slip off at every effort to grasp and remove the foreign body. It was only by taking a stout pair of polypus forceps that I was enabled to extract it. The key was of steel and measured 30 millimeters in length and at the widest part 13 millimeters in width. I have not been able to find in any authority accessible to me a table of the diameters of the trachea at different ages, but I am confident that in this patient it did not exceed $7\frac{1}{2}$ or 8 millimeters. Relief to respiration was perfect, and as soon as the little fellow regained consciousness he audibly expressed his satisfaction with the result, as I held my finger over the tracheal opening to enable him to use his vocal organs. No tube was used, as I could see no indication for it, and the incision was allowed to close, which it did inside of forty-eight hours. A pretty severe broncho-pneumonia came on on the second day and lasted four or five days. The patient is now practically well.

Inoculation of Erysipelas in Diphtheria.

The *Internationale Klinische Rundschau* publishes an article on the treatment of diphtheria by inoculation with the virus of erysipelas, as practiced by Dr. Babchinski, of Kieff. How Dr. Babschinski arrived at his novel method of treatment is described in the *Lancet*, April 26, 1890. His own son had been suffering from gangrenous diphtheria, and the case seemed hopeless. The diphtheritic process extended to the nares, and the boy scratched himself until ulceration resulted. Erysipelas supervened round the ulcer and made the prognosis, if possible, still worse. Suddenly, however, the boy became better, and ultimately recovered. Dr. Babchinski subsequently met with similar cases; and, concluding that erysipelas is antagonistic to diphtheria, he began to inoculate patients suffering from the latter with the bacteria of the former disease. The inoculation succeeded nearly always, and was performed by means of punctures in the submaxillary region. Of fourteen inoculated patients two died before

the development of the erysipelas, but all others recovered. The patients took no medicine whatever, but the houses in which they lived were carefully disinfected. In every case in which erysipelas supervened spontaneously on diphtheria, the latter disease was mild and the erysipelas was not of a dangerous character.

Death from Chloroform.

A death from chloroform occurred at the Bootle Borough Hospital, Liverpool, April 19, when the surgeon was proceeding to remove an adipose tumor from between the shoulders, which interfered with the patient's occupation. The victim was a barman, thirty-nine years old. He had never had any previous illness, and had undergone similar operations on two former occasions. The patient was a big, strongly-built, broad-chested man, who had a number of these adipose growths disseminated over the surface of the body. It was intended to get the patient under with chloroform, continuing the anæsthesia with ether. The patient took the chloroform readily enough and the breathing, after a little preliminary struggling, became regular. Anæsthesia was complete when about two drachms had been inhaled, and the patient was then turned on the side. Coincident with the first incision, however, respiration ceased and the face became cyanosed. Artificial respiration and inversion was at once resorted to, but without success. The heart is stated to have ceased beating simultaneously with the respiration. *Post-mortem* the right heart was full of blood, while the left was empty and contracted. The heart weighed 15 ounces and its tissues were very friable. No valvular disease was found, but there was evidence of atheroma of the aorta. There was a curious inequality of the pupils, the right being dilated and the left contracted.—*Medical Press and Circular*, April 30, 1890.

Sweating Feet.

The *National Druggist*, May, 1890, gives the following formula for perspiring feet, which is claimed to be most efficacious:

R Perchloride of iron ʒiii
Glycerin fʒi
Essence of bergamot fʒii

M. Sig.—Apply with pencil or swab.

NEWS.

—Dr. Charles W. Goucher, of Erie, died June 23, aged sixty-two years.

—Dr. F. E. Vandersloot, of Herndon, Va., died June 19, in his eighty-fourth year.

—A rumor that a yellow-fever patient had reached Philadelphia, June 22, has been promptly and authoritatively denied.

—Dr. John H. Githens, formerly a practitioner of dentistry in Philadelphia, died at Pleasantville, N. J., June 26, aged eighty-three years.

—Dr. W. E. Ashton and Dr. J. M. Baldy, of Philadelphia, have been charged with cruelty to animals, in vivisection, and have been held for trial in court.

—Dr. W. U. Miller, a graduate of the Medical-Chirurgical College, of Philadelphia, who came to York about June 1, died June 19 after a surgical operation.

—The inhabitants of Brunswick, Ga., were indignant at a report that a man had died in that place on May 23 of yellow fever. The report was authoritatively denied.

—H. F. Bradbury, "Dean of Trinity University in Vermont," a fraudulent institution, has been indicted by the Grand Jury of the United States District Court, Boston, for issuing bogus diplomas.

—A man named Carl Steinrück was arrested in Philadelphia, June 20, on the charge of practicing medicine without being registered, and was on June 23 held in \$1,000 bail for trial in court.

—Edward Malley, one of the wealthiest and most prominent citizens in New Haven, Connecticut, was arrested, June 18, for refusing to answer certain questions put by a census enumerator. He was released on his own recognizance.

—Two physicians, of Philadelphia, Dr. William L. Taylor and Dr. Andrew Graydon, were recently sued for \$5,000 damages on June 16, by a woman who claims that on their affidavit she was improperly committed to the Norristown Hospital for the Insane.

—Dr. Ousley Smith, an English physician, was found staggering upon the street in Boston, June 28, having swallowed morphine with suicidal intent. He arrived in Boston from Montreal over a week ago, and became discouraged at not getting employment.

—Dr. F. B. Morris, 65 years old, attempted to commit suicide in a police station June 27. He is said to be an habitual drunkard. After being locked up in a cell

at the station house he broke his spectacles and with a piece of the glass opened a vein in his left arm. When discovered he was bleeding profusely.

—The Bishop of Dutch Guiana was in Baltimore, June 22, and said that leprosy exists to an alarming extent in Surinam. Three of the Redemptorist Fathers have been attacked by the disease, and one of them is dying of it. Rev. Charles Currier, of Boston, who has also been among the lepers, accompanies Bishop Wulfingh.

—Dr. Peter Matthew Bernardy, died at his residence in Philadelphia, June 26, of pneumonia, in his eighty-fifth year. He was born August 15, 1805, at Montpelier, France, where he received his early education and the degree of Doctor of Medicine. In 1838 he came to this country with his family and settled in Baltimore. Soon after he moved to this city, where he practiced for fifty years.

—The cholera in Spain is diminishing. It was reported, under date of June 28, that there have been no further deaths from cholera in Valencia, and only three new cases reported in the province. There had been no new cases at any port or place near the coast in the last forty-eight hours. Should the condition continue to improve the Senators and Deputies will ask the Government to raise the quarantine against arrivals from Valencia.

—A telegram from Pittsburgh, dated June 30, says that Rev. Father Mollinger, who had been curing diseases by faith, was lying at the point of death. He attended 10,000 people on St. Anthony's day, but the strain was too much for him and he broke down the next day. His friends have given up hope that he will recover, but do not anticipate his immediate demise. The newspapers say that Father Mollinger is worth nearly two million dollars!

—Dr. Hoene was arrested in Milwaukee, Wisconsin, June 15. He telephoned for the police to come to his office. When they arrived he was smoking a pipe while two feet from him was the body of a girl. Dr. Hoene said she was taken with a fit on entering his office and died. He refused to say anything further, except that he did not know her. The girl, it was learned, had been peddling a patent medicine for Dr. Hoene for some time. [The directory gives the name of A. J. Hoehnes, as being a graduate of the University of Michigan in 1869.]

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